

Agent Authorisation Form

Applicant authorisation

I,

authorise the agent named below to act on my behalf in all activities related to my application for an AITSL Teacher Migration Services and Support skills assessment and/or Skilled Employment Statement. I understand this application will be lodged online via the Applicant portal.

I acknowledge that my nominated agent will receive all correspondence and communication related to the assessment. Currently, my agent provides me with the outcome statement from my AITSL assessments. To enhance the security of outcome statements, AITSL has begun issuing its outcomes directly to applicants via My eEquals. The email address provided in the application (and below) will be used to enable this.

I understand that I am not required to have an agent to undertake the assessment process and that using an agent will not change the process or alter the assessment duration.

Applicant signature

Date signed (DD/MM/YYYY)

Applicant email address

Agent details

Agent name

Contact number

Business name

Agent email address

Business address

