

# Agent Authorisation Form

## Applicant authorisation

I,

authorise the agent named below to act on my behalf in all matters 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 on my behalf, **except for the outcome statements**, which will be made available to me via the My eQuals system.

I acknowledge that my email address, which is provided below and within the application form, will be used to deliver the outcome statements. I confirm that these are correct and acknowledge that failure to provide the correct email address may impact my ability to access the outcome statement.

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

