

Application for Skills Assessment for Migration Purposes

All applications for a Skills Assessment for Migration Purposes must be accompanied by the following documentation. Applications will not be assessed without this information:

1. Copy of letter informing DSR MCQ results OR
2. Copy of your final academic transcript and current CV (including references) for inclusion of any dietetic employment since graduating.

Personal Details

DSR Candidate No. _____

DAA number (if applicable) _____

Title (Ms, Miss, Mrs, Mr, Dr, Other) _____

Last / Family Name _____

First/Give Names _____

Preferred Name _____

Former Last Name _____

Date of Birth _____ / _____ / _____

Male Female

Correspondence Address

City _____ Postcode _____

Country _____

Telephone (_____.) _____

Email _____

Mobile phone _____

Do you require this skills assessment to apply for permanent residency in Australia?

Yes No

Name of University _____

Title of program _____

Year completed _____

Visa Type applying for (Temporary 485/ Permanent Resident)

I declare that

- The information I have supplied on this form and any attachments is complete, correct and up-to-date;
- I undertake to inform DAA of any changes to my circumstances while my application is being considered;
- I authorise DAA to make any enquiries necessary to assist in the assessment of my qualifications and to use any information supplied in this application for that purpose: and
- I have read and understood the information available on the DAA website regarding Skills Assessments for Migration Purposes.

Signature _____

Date _____ / _____ / _____

Payment Section

Tax Invoice - (ABN 34 008 521 480)

Living in Australia (incl GST) AUD\$ 286 _____

Outside Australia AUD\$ 260 _____

Please circle correct payment. If no selection made a decision will be based on address provided.

Express posted (Australian addresses only) AUD \$ 11 ____

If not selected assessment will be posted via standard post.

Total payment: AUD\$ _____

- Cheque/money order/bank draft
- Mastercard
- Visa (Note Amex/Diners Club not accepted)

Card Number

Expiry date _____ / _____ **CVV**

Card Holder's Name _____

Cardholder's Signature _____

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