**Assessment of skilled migration eligibility**

Fill out the form providing as much information as possible and email it to info@oztec.net.au.

We will process your questionnaire and provide a response within 5-7 working days. Please note that we reserve the right not to respond to the enquiry if the applicant has no real chances of obtaining a visa.

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| --- | --- | --- |
| Full name |  | OFFICE USE ONLY |
| Marital status | ☐ Married  ☐ Single  ☐ Divorced  ☐ Widowed   * De facto: ☐ less than 12 months ☐ 12+ months * Same-sex: ☐ less than 12 months ☐ 12+ months |  |
| Which family members will be included in the visa application | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ABOUT YOU: | |  |
| Date of birth | \_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ |  |
| Education | * Secondary school * Vocational diploma * Higher education degree * Doctoral degree |  |
| Exact name of the qualification (as in the testamur):  Provider:  Location:  Study period: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  from \_\_\_/\_\_\_\_\_\_ to \_\_\_/\_\_\_\_\_\_  Please continue using the same format |  |
| Work experience in the last 10 years | Outside Australia: In Australia:   * No experience ☐ No experience * At least 3 years ☐ At least 1 year * At least 5 years ☐ At least 3 years * At least 8 years ☐ At least 5 years   ☐ At least 8 years |  |
| Employment period: from \_\_\_ / \_\_\_ / \_\_\_\_\_\_ to \_\_\_ / \_\_\_ / \_\_\_\_\_\_  Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Duties and responsibilities:   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Please continue using the same format |  |
| Have you taken an English level proficiency test | ☐ No ☐ Yes  If yes:  Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Test date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_  Score in each band:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If no, what is your level of English on the scale from 1 to 9:\_\_\_\_\_\_\_\_ |  |
| Knowledge of a language spoken by one of Australia’s ethnic communities | Specify languages that you know at a level required to pass the relevant NAATI test:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ABOUT YOUR SPOUSE (including de facto and same-sex partners) | |  |
| Full name |  |  |
| Date of birth | \_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ |  |
| Education | * Secondary school * Vocational diploma * Higher education degree * Doctoral degree |  |
| Exact name of the qualification (as in the testamur):  Provider:  Location:  Study period: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  from \_\_\_/\_\_\_\_\_\_ to \_\_\_/\_\_\_\_\_\_  Please continue using the same format |  |
| Work experience in the last 10 years | Outside Australia: In Australia:   * No experience ☐ No experience * At least 3 years ☐ At least 1 year * At least 5 years ☐ At least 3 years * At least 8 years ☐ At least 5 years   ☐ At least 8 years |  |
| Employment period: from \_\_\_ / \_\_\_ / \_\_\_\_\_\_ to \_\_\_ / \_\_\_ / \_\_\_\_\_\_  Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Duties and responsibilities:   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Please continue using the same format |  |
| Has he (she) taken an English level proficiency test | ☐ No ☐ Yes  If yes:  Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Test date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_  Score in each band:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If no, what is you're his (her) of English on the scale from 1 to 9:\_\_\_\_\_ |  |
| Knowledge of a language spoken by one of Australia’s ethnic communities | Specify languages that he (she) knows at a level required to pass relevant NAATI test:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| OTHER (to be completed for all family members of the applicant whether or not they will be travelling to Australia): | |  |
| Relatives in Australia | Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Do you or a member of your family have any diseases | ☐ No ☐ Yes  If yes,  Family member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Decease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Criminal convictions/ prosecution | * No * Yes (provide information in the ‘Additional information’ section) |  |
| Additional information |  |  |