

# Application for skills assessment for migration purposes



## Australian trained speech pathologists only

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. **Certified copies** of your qualification papers (i.e.: degree/masters award or university letter of completion)  
AND
2. **Certified copies** of your transcripts of educational courses showing subjects and results, AND
3. **where applicable**; certified copies of evidence of change of name (ONLY if the name on your documents is different from your current name)

<b>Personal Details</b>	
<b>Title: (Ms, Miss, Mrs, Mr, Dr, Other)</b>	
<b>First/ Given Names:</b>	
<b>Last/ Family Name:</b>	
<b>Preferred Name:</b>	
<b>Former Last Name: (if applicable)</b>	
<b>Date of Birth:</b>	/ /
<b>Gender:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Country of Birth:</b>	
<b>Country of Permanent Residence:</b>	
<b>Home Address:</b>	
<b>City:</b>	
<b>Postcode:</b>	
<b>Country:</b>	
<b>Telephone:</b>	
<b>Mobile phone:</b>	
<b>Email:</b>	
<b>Mailing Address: (if different)</b>	
<b>City:</b>	
<b>Postcode:</b>	
<b>Country:</b>	
<b>Do you require this skills assessment to apply for permanent residency in Australia?</b>	<input type="checkbox"/> <b>Yes</b> if yes, Visa type _____ <input type="checkbox"/> <b>No</b>

## Australian Qualifications

(Certified copies of award & academic transcripts to be forwarded with application)

**Degree title:**

**Institution:**

**Course Code:**

**Length of program:**

**Date program commenced:**

**Date program completed:**

**Did you study full-time or part-time?**     **Full-time**     **Part-time**

**Are you currently a member of SPA?**     **Yes** member id: \_\_\_\_\_     **No**

**I declare that:** the information I have supplied on this form and any attachments is complete and up-to-date;  
I undertake to inform SPA of any changes to my circumstances while my application is being considered;  
I authorise SPA 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 SPA website regarding Skills Assessments for Migration Purposes.

**Signature:**

**Date:**

## Payment details

### Application fee

<b>Member</b>	<input type="checkbox"/> <b>\$60</b>
<b>Non Member</b>	<input type="checkbox"/> <b>\$120</b>

**To Speech Pathology Australia: (Please tick)**

Cheque / Money Order   

**OR**

MasterCard        Visa   

Card no:                        

Exp date:        

Name on card: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

In the event of a miscalculation of the amount due, I authorise the Association to debit the correct amount. Applies to credit card payments only. Cheques or money orders that have the incorrect amount will be returned to be amended.

**MAIL YOUR APPLICATION TO :** Speech Pathology Australia    **EMAIL:** [membership@speechpathologyaustralia.org.au](mailto:membership@speechpathologyaustralia.org.au)  
Level 1/114 William Street    **PHONE:** 1300 368 835  
Melbourne, Victoria 3000