

Qualifications Assessment for Temporary Graduate (subclass 485) Visa

Applicant Details

Please fully complete the form - incomplete applications will cause delay in processing.

Please select the Skilled Occupation for which you are applying for assessment: *

Engineering Manager (133211)

Title

Mr Mrs Ms Miss Dr Other

First name/s *

Family name *

Date of birth *

Country of birth *

Residential address *

City *

State/Province *

Country *

Zip/Postal code *

Email *

Telephone (incl. country code and area code) *

Summary of Qualification(s)

Only post-secondary education is required, include any postgraduate qualifications. Attach certified copies of degree certificate/s and academic transcript/s of courses undertaken with their results. Please list all relevant qualifications starting with the most recent.

1

Qualification gained (full name) *

Institution of study (full name) *

Campus attended *

Country of education *

Course entry requirements *

Study start month *

Study complete month *

Study start year *

Study complete year *

Mode of study *

Full-time Part-time

Normal length of course at full-time *

Awarded date *

Name of awarding body *

Email of awarding body *



Supporting information will be required to be submitted together with this application form. Please refer to our [Supporting Documents Guide](#) for details.

Summary of Qualification(s) Cont.

2

Qualification gained (full name) *

Institution of study (full name) *

Campus attended *

Country of education *

Course entry requirements *

Study start month *

Study complete month *

Study start year *

Study complete year *

Mode of study *

Full-time Part-time

Normal length of course at full-time *

Awarded date *

Name of awarding body *

Email of awarding body *



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Declaration

Terms and conditions

1. I have read the '[Supporting Documents Guide](#)' from IML ANZ's website and I understand that the assessment cannot be completed if I do not provide adequate verified and certified documents.
 2. I will inform IML National in writing of any changes to my circumstances which may occur while my application is being assessed.
 3. I authorise IML National to make any enquiries to educational institutions and authorised referees concerning my education and employment experience.
 4. I understand that IML National may be required to provide the Department of Home Affairs with any information pertaining to my qualifications assessment application.
 5. I understand that the application fee is non-refundable, irrespective of the outcome of the assessment by IML National.
 6. I understand the assessment may take up to 2 weeks to complete. However, the assessment will take longer if further information is required.
 7. I understand IML National does not offer immigration advice to applicants.
 8. I have read IML's [Privacy Policy](#) and acknowledge that IML or its related entities may contact me in the future by email with information about the Services and Products offered by IML and its related entities. If you do not wish to receive further communication from IML or its related entities, please let us know that you would like to be removed from IML's mailing list by ticking the below box.
- I wish to opt out of receiving any further communication from IML ANZ and its related entities.
- I have read and understand the above terms and conditions and declare that all the information supplied is accurate and consent to any necessary checks regarding my qualifications.

Signature of applicant

Date

Payment Details

Payment must be provided at the time of lodging your application. The fee is non-refundable.

Credit Card Authorisation Form

Migration Skills Assessment Manager
Institute of Managers and Leaders Australia and New Zealand
GPO Box 2229
Brisbane QLD 4000 Australia

I authorise the Institute of Managers and Leaders Limited (ABN 31 163 376 921), on behalf of IML National (ABN 56 004 525 017), to debit the sum of AUD \$400.00 (plus 10% GST if applicable*) from my credit card in payment for a Qualifications Assessment.

Card type *

Visa Mastercard Amex ID no. _____

Cardholders name *

Card number *

Expiry month *

Expiry year *

Security code *

*GST is payable for applicants within Australia only.

Signature of applicant

Date