

# Application for Review/Appeal

## Migration Skills Assessment

Please enter your **Member ID** (Please refer to your initial assessment outcome letter).

--	--	--	--	--	--	--	--	--	--

Please type or print **ALL** applicable sections below, and submit the application with supporting documents to [nzimmigration@charteredaccountantsanz.com](mailto:nzimmigration@charteredaccountantsanz.com)

**IMPORTANT:** Prior to completing this form please ensure you have read the information located on our website: <https://www.charteredaccountantsanz.com/about-us/migration-assessment/new-zealand-immigration>

### Section 1 – Applicant’s personal details

Title  Mr  Mrs  Miss  Ms  Other ----->

Given name/s (in full)  Preferred name

Family name   
(If your name is different to those on your documents, please provide evidence of name change)

Date of birth  /  /  DD/MM/YY Country of birth

Postal address  Suburb/City

State  Postcode  Country

Email (applicant’s unique email address)

Phone   Mobile

### Section 2 – Contact details of ‘solicitor/adviser authority/authorised person’ acting on your behalf (if applicable)

Letter of authority is required to be submitted with this application (if no previously provided). **Important note:** If a different adviser authority or authorised person was previously nominated, we will require a letter confirming that they no longer act on your behalf.

Full name (First name/Family name)

Business name

Postal address  Suburb/City

State  Postcode  Country

Email

Phone   Mobile



## Section 3 – Reason for review/appeal of skills assessment

Please select your reason for review/appeal from the three options listed below:

(**Please note:** Your initial assessment outcome must be valid to apply for an update/review/appeal).

Supporting documents you are required to attach to your application	
1. <input type="checkbox"/> <b>Update initial assessment outcome with additional information</b> (ex. studies)	
2. <input type="checkbox"/> <b>Additional subjects completed after a negative result</b> (for migration purposes <b>only</b> ) <b>Important note:</b> this option is for those who received an outcome of 'not meeting' on their initial assessment.	Colour scan copy of <b>academic transcript</b> showing the additional subjects completed and corresponding syllabus where applicable.
3. <input type="checkbox"/> <b>Appeal of skills assessment</b> Please provide detailed reason(s) for appeal in the <b>space below</b> : (If the space provided is insufficient, please attach an additional page to this application)	Relevant supplementary materials e.g. additional syllabus information.

## Section 4 – Declaration and privacy policy

### PRIVACY STATEMENT

Chartered Accountants Australia and New Zealand ABN 50 084 642 571 (**CA ANZ**) is collecting the personal information (which may include sensitive information) provided in this application form and any evidence sent to CA ANZ for the following primary purposes:

- to process the application, verify evidence provided with the application and assess whether the applicant has suitable skills and/or qualifications for a nominated occupation;
- to confirm authorisation by an applicant of his/her representative or migration agent and to provide contact details for that representative or migration agent; and
- to allow you to make payment of the required fees to CA ANZ so you can lodge the application.

If you do not provide this personal information or provide incomplete personal information, we may not be able to process the application.

We have a legitimate interest in using the personal information provided in this application form in these ways. The collection of the personal information provided in this application form is also fundamental to the nature of our obligations in assessing the application.

CA ANZ may collect personal information (which may include sensitive information) of an applicant via the account, application form or application process either directly from the applicant or indirectly from the applicant's migration agent.

If you are a migration agent acting on behalf of an applicant, you must not disclose any personal information (which may include sensitive information) of an applicant to CA ANZ unless you have the necessary authorisations and consents to do so by the applicant. You must also inform the applicant of the matters set out in this Privacy Collection Statement and CA ANZ's Privacy Policy. By disclosing personal information of the applicant to CA ANZ, you represent to CA ANZ that you have all such authorisations and consents required and that you have informed the applicant of the relevant matters.

CA ANZ may disclose some or all of the information we collect about applicants (including information provided by third parties) to the New Zealand Immigration, the Immigration and Protection Tribunal, the organisation or individual that issued the relevant qualifications referred to in this application, the applicant's employer(s) or migration agent, the New Zealand Skills Authority, local and international professional bodies, ASIC, New Zealand Companies Office and any other state/territory government agencies.

We otherwise use, disclose, process and handle your personal information in accordance with our [Privacy Policy](#).

While your personal information is collected in Australia, it is likely that it will be disclosed to overseas recipients outside of Australia and outside of the European Economic Area in accordance with our [Privacy Policy](#).

Our [Privacy Policy](#) also contains the contact details of our Privacy Officer / Data Protection Officer and information regarding your rights (including how to withdraw your consent, if applicable) and how you can seek to access and correct your personal information or raise a privacy concern with us and how it will be dealt with.

If you have any questions or concerns about this Privacy Collection Statement, our Privacy Policy or how we handle your personal information, please contact our Privacy Officer / Data Protection Officer.

**I confirm that I have read, understand and accept the terms of the above privacy statement and consent to the handling of my information in accordance with that collection statement and CA ANZ's Privacy Policy.**

### DECLARATION

- I confirm that the information provided in this application form is complete, correct and up-to-date.
- I understand that providing false or misleading information is a serious offence

Signature

Full name   
Date  /  /

## Section 5 – Payment details

### Fees payable: (Please select **ONE** only)

If residing in New Zealand:

Review

NZ\$184  
(GST inclusive)

If residing in Australia/Overseas:

Review

AUS\$184

Your assessment result letter will be emailed as a **secure PDF** document.

**Total fee payable:**

### Payable by:

Chartered Accountants Amex

Amex    Visa    MasterCard    Diners Club

Card number

Expiry date

 / 

Cardholder name

Cardholder signature

## Section 6 – Submitting your application form

### HOW TO SUBMIT YOUR FORM

Please email your application form to:

**EMAIL**    [nzimmigration@charteredaccountantsanz.com](mailto:nzimmigration@charteredaccountantsanz.com)

**OR**

If you have a 'digital signature'  
simply click the **submit button**

### ANY QUESTIONS

If you have any questions you can contact **Migration Assessment (NZ)** at:

**WEBSITE**    [www.charteredaccountantsanz.com/contact-us](http://www.charteredaccountantsanz.com/contact-us)

**PHONE**    **AUSTRALIA** 1300 137 322    **OVERSEAS** +61 2 9290 5660