

Australia Immigration

# Review/Appeal

Please fill in your **Member ID**, if known (please use a **BLACK** pen)

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Please type or print ALL applicable sections below and submit your application form with supporting documents to [qualsassess@charteredaccountantsanz.com](mailto:qualsassess@charteredaccountantsanz.com)

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

## Section 1 – 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  /  /  Country of birth

Postal address  Suburb/City

State  Postcode  Country

Email

Phone   Mobile

**Important note:** If a migration agent or authorised person was previously nominated, we will require a **letter confirming that they no longer act on your behalf.**

## Section 2 – Contact details of 'solicitor/migration agent/authorised person' acting on your behalf (if applicable)

**Please note:** Department of Home Affairs *Form 956* or letter of authority is required to be submitted with this application (if not previously provided)

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 four options listed below: **(Note: You may only apply for a review of your initial assessment)**

- Qualifications only     Skilled Employment only     Qualification and Skilled Employment

### 1. Obtain an additional ANZSCO Code

Select **one** of the following ANZSCO codes to be assessed under:

Select one of the following ANZSCO codes to be assessed under:		Former ASCO Code and occupation	
<input type="checkbox"/> Accountant (general)	ANZSCO CODE 221111	Accountant	ASCO CODE 2211 – 11
<input type="checkbox"/> Management Accountant	ANZSCO CODE 221112	Accountant	ASCO CODE 2211 – 11
<input type="checkbox"/> Taxation Accountant	ANZSCO CODE 221113	Accountant	ASCO CODE 2211 – 11
<input type="checkbox"/> External Auditor	ANZSCO CODE 221213	Accountant – External Auditor	ASCO CODE 2212 – 11
<input type="checkbox"/> Finance Manager	ANZSCO CODE 132211	Finance Manager	ASCO CODE 1211 – 11

### Supporting documents you are required to attach to your application

### 2. Additional subjects completed after a negative result (for migration purposes only)

**Important note:** this option is for those who received an outcome of 'not suitable' on their initial assessment. If you were assessed as 'suitable' and have since completed additional units, you are not required to have your assessment reviewed.

Colour scan copy of **academic transcript** showing the additional subjects completed and corresponding syllabus where applicable.

### 3. Full (Permanent) skills assessment following a previous provisional skills assessment

ENGLISH LANGUAGE PROFICIENCY REQUIREMENT FOR FULL (PERMANENT) SKILLS ASSESSMENT					
TEST COMPONENT	IELTS (Academic band score)	TOEFL iBT	CAE	PTE Academic	Accounting PYP
Listening	7.0	24	185	65	Colour scan copy of academic transcript and completion certificate
Reading	7.0	24	185	65	
Writing	7.0	27	185	65	
Speaking	7.0	23	185	65	

Colour scan copy of your test result to confirm you have achieved the test score for permanent residency

**OR**

Colour scan copy of academic transcript and completion certificate for Accounting Professional Year Program – Accounting PYP (formerly SMIPA) (if applicable).

4.  **Appeal of skills assessment**

Please provide detailed reason(s) for appeal below: (If the space provided is insufficient, please attach an additional page to this application)

Relevant supplementary materials e.g. additional syllabus information.

**A. Qualifications Assessment**

**B. Skilled Employment Assessment**

**(Changes to/or additional job description/task list provided in your previous work reference letter for same employment period will not be accepted)**

Please list the details of your additional period of skilled employment to be assessed below. Colour scanned copies of work references and pay slips must be included.

**Name of employer**

Position title

Date commenced

/ /

→ Date completed

/ /

**Name of employer**

Position title

Date commenced

/ /

→ Date completed

/ /

**Name of employer**

Position title

Date commenced

/ /

→ Date completed

/ /

## 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 Department of Home Affairs, the Migration Review Tribunal, the organisation or individual that issued the relevant qualifications referred to in this application, the applicant's employer(s) or migration agent, the Australian Skills Authority, local and international professional bodies, ASIC 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.

### DECLARATIONS

- 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)

Review/Appeal Qualification  
OR Skilled Employment AU\$170

Review/Appeal Qualification  
AND Skilled Employment AU\$340

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** [qualsassess@charteredaccountantsanz.com](mailto:qualsassess@charteredaccountantsanz.com)

**OR**



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

### ANY QUESTIONS

If you have any questions you can contact the Migration Team at:

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

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

**WEBSITE** [charteredaccountantsanz.com](http://charteredaccountantsanz.com)