





Skilled Visa Assessment



Simply print and complete the form below and send it to:

 **POST: 'Sunset Coast Australian Migration'**
Unit 5, Odeon House, 395 Langworthy Road
Manchester, M6 7AH

Once completed, Sunset Coast Australian Migration will contact you within 5 business days with your assessment appraisal.

 Please ensure all details provided are accurate. We treat all information you provide as confidential. For more information, please visit www.sunmigration.com.au

SECTION 1: CONTACT DETAILS

First Name: _____ Last Name: _____

Email: _____

 Please include area codes for phone and fax numbers

Phone (H): _____ Phone (W): _____

Fax: _____ Mobile: _____

Address: _____

Suburb: _____

State: _____ Postcode: _____

Country: _____

SECTION 2: PERSONAL DETAILS

Date of Birth: _____ Dependant Children: _____

Marital Status (select one):

- Married
 Single
 Divorced
 De Facto
 Divorced
 Widowed

Country of Origin: _____

English Level (select one):

High Moderate Basic

Current Australian Visa (if available): _____

Expiry Date: _____

SECTION 3: EDUCATION DETAILS

Formal Qualification (Degree, Diploma, Trade Certificate):

Year Completed Studies: _____

Time Taken To Complete Course: _____ years

Country Studied: _____

SECTION 4: EMPLOYMENT

Current Occupation: _____

Length of Occupation in Current Field: _____ months/years

Have You Worked Full-Time for 3 of the Last 4 Years: Yes No

If Yes, please provide specific occupation:

and Duration: _____ months/years

SECTION 5: SPOUSE'S DETAILS

First Name: _____ Last Name: _____

Date of Birth: _____

Country of Origin: _____

English Level (select one):

High Moderate Basic

Formal Qualification (Degree, Diploma, Trade Certificate):

Year Completed Studies: _____

Time Taken To Complete Course: _____ years

Country Studied: _____

Current Occupation: _____

Length of Occupation in Current Field: _____ months/years

Have You Worked Full-Time for 3 of the Last 4 Years: Yes No

If Yes, please provide specific occupation:

and Duration: _____ months/years

SECTION 6: OTHER FAMILY

Do you have close relatives in Australia: Yes No

If Yes, please indicate relationship (otherwise skip to Section 7):

Relative's Status (select one): Australian Permanent Resident Citizen

Relative's Current Location: _____

Length of Relative's Time in Australia: _____ years

SECTION 7: BALANCE OF FAMILY

ONLY COMPLETE THIS SECTION IF APPLYING FOR A 'Parent Visa'

Number of Children in Australia: _____

Number of Children outside Australia: _____

SECTION 8: OTHER DETAILS

Are You or Your Spouse the Last Remaining Relative in Either Family Outside Australia:

Yes No

Do You or Any Immediate Family Have Any Medical Condition or Take Any Medication:

Yes No

If Yes, please provide details:

Do You or Any Immediate Family Have Any Police Convictions (including Suspended Sentences):

Yes No

If Yes, please provide details:

Have You Previously Lodged a Visa Application:

Yes No

If Yes, please provide details:

Do You Have Any Employment Offers From Within Australia:

Yes No

If Yes, please provide details:

Other Notes or Relevant Information:

By signing this assessment form, you agree that all details submitted to the best of your knowledge are true and correct.

Signature: _____ **Date:** _____