

Migration agent declaration and consent (if applicable)

Applicant information

Please provide the below information for the applicant you have been authorised to represent for an ACECQA Skills Assessment.

First name:

Surname:

Passport number:

Migration agent declaration and consent

Please tick each clause below and sign the declaration if you are a registered migration agent authorised to act on behalf of an applicant applying for an ACECQA Skilled Migration Assessment.

I, (Registered Migration Agent name and surname)

of (name of organisation) declare that:

- I have been authorised by the applicant to discuss, request and provide information about this application on their behalf.
- The applicant has also authorised employees of the same organisation to discuss, request and provide information about this application on their behalf.
- I understand that providing false or misleading information is an offence and all the information I have provided is true and correct to the best of my knowledge and is as was conveyed to me by the applicant.
- I understand that the applicant may withdraw this authority at any time.
- I understand any personal information I provide will be collected, used and disclosed in accordance with ACECQA's [privacy policy](#).

Signature

Day Month Year
 / /

Migration agent registration number