

Pre-Application Skills Assessment (PASA)



Please fill in your **Membership Number**, if known (please use a **BLACK** pen)

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

Please complete **ALL** applicable sections (1-10) below, and return the application with payment to Chartered Accountants Australia and New Zealand (CA ANZ) (see **page 5** for contact details). **Please print in BLOCK LETTERS.**

IMPORTANT: Prior to completing this form, please ensure you have read the information located on the organisation's website: charteredaccountants.com.au/The-Institute/migration-assessment

Section 1 – Reason for application/Nominated occupation

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

- Accountant (general) ANZSCO CODE 221111
- Management Accountant ANZSCO CODE 221112
- Taxation Accountant ANZSCO CODE 221113
- External Auditor ANZSCO CODE 221213
- Finance Manager ANZSCO CODE 132211
- Corporate Treasurer ANZSCO CODE 221212

What 'visa' are you applying for? (Please tick applicable box)

- Temporary Visa Subclass 485
- Permanent Residency

Are you submitting this application to also have your skilled employment assessed?

- Yes -----> complete Sections **1 – 9** (\$600 fee applies)
- No -----> complete Sections **1 – 9 (excluding Section 7)**

Section 2 – Personal details

Title Mr Mrs Miss Ms Other -----> Gender -----> Male Female

Given name/s (in full) Family name

Preferred 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

Street address Suburb/City

State Postcode Country

PO Box address Suburb/City

State Postcode Country

Email (home)

Phone (home) Mobile

Preferred postal address

- Home street address
- Home PO Box address

Section 3 – Contact details of 'solicitor/migration agent/authorised person' acting on your behalf (if applicable)

Note: Department of Immigration and Border Protection Form 956 or 'letter of authority' is required to be submitted with this application.

Full name
(First name/Family name)

Business name

Postal address Suburb/City

State Postcode Country

Email

Phone Fax (home) Mobile

Section 4 – Tertiary qualifications

Please list the details of your tertiary qualifications. Certified copies of your tertiary qualifications – degree certificate(s) and transcript(s) must be attached. (If additional space is required, please photocopy this page and attach to this application.)

Qualification 1:

Country of tertiary institution

State (if in Australia)

Name of tertiary institution
(eg. university / college)

Name of degree/diploma
(eg. Bachelor of Commerce)

Date commenced / / ----> Date completed / /

Qualification 2:

Country of tertiary institution

State (if in Australia)

Name of tertiary institution
(eg. university / college)

Name of degree/diploma
(eg. Bachelor of Commerce)

Date commenced / / ----> Date completed / /

Qualification 3:

Country of tertiary institution

State (if in Australia)

Name of tertiary institution
(eg. university / college)

Name of degree/diploma
(eg. Bachelor of Commerce)

Date commenced / / ----> Date completed / /

Section 5 – Membership of accounting body (if applicable)

Name of accounting body or professional association

Membership type (eg. Associate or Fellow)

Date of admission to membership

Section 6 – English Language requirements

You must provide evidence that you have met the English Language proficiency level required for your visa application.

(Please refer to the below table for accepted test providers and competency test scores required for the relevant visa applications)

TEST COMPONENT	TEMPORARY VISA SUBCLASS 485			PERMANENT RESIDENCY VISA			
	IELTS (General or Academic band score)	TOEFL iBT	PTE Academic	IELTS (Academic band score)	TOEFL iBT	PTE Academic	SMIPA
Listening	6.0	12	50	7.0	24	65	Original certified copy of academic transcript and completion certificate
Reading	6.0	13	50	7.0	24	65	
Writing	6.0	21	50	7.0	27	65	
Speaking	6.0	18	50	7.0	23	65	

Please tick to select **one** of the following boxes and submit an original certified copy of your test result:

- International English Language Testing System (IELTS)
- Test of English as a Foreign Language internet-based test (TOEFL iBT)
- Pearson Test of English Academic (PTE Academic)
- Cambridge English: Advanced (CAE)
- OR**
- Colour scanned copy of your academic transcript and completion certificate for 'SMIPA Skilled Migration Internship Program: Accounting' (SMIPA).

Section 7 – Skilled employment details (if applicable)

Skilled employment is assessable only after an applicant has completed a formal qualification (or combination of qualifications) that is assessed as comparable to at least an Australian Bachelors degree.

Please list the details of your skilled employment to be assessed below. **Colour scanned copies of work references and pay slips must be included.** (If additional space is required, please photocopy this page and attach to this application).

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 8 – Declaration and privacy policy

PRIVACY STATEMENT

IMPORTANT: YOUR CONSENT TO DISCLOSURE

By providing personal information to us in this form you consent to CA ANZ:

- (a) Disclosing to third parties your (current or former) status as a member or candidate of CA ANZ;
- (b) Disclosing to regulators, law enforcement bodies, professional associations and government or statutory bodies the details of any final adverse determinations (including sanctions) in relation to your professional and/or ethical conduct that are made by CA ANZ's Professional Conduct bodies; and
- (c) Collecting from third parties information relating to your membership of a trade or professional association or union, your criminal record (if any), your health, religious beliefs or affiliations, racial or ethnic origin and any other sensitive information to the extent that it is reasonably necessary for one more of the functions or activities of CA ANZ.

We collect, use and disclose your personal information in connection with your application, the management and administration of members and/or programs, the provision of products and services and/or to communicate with you.

If you do not provide your personal information, we may be unable to process your application. We may disclose your information to agents, contractors and service

providers such as where we outsource functions and to other third parties such as local and international professional bodies, ASIC and other regulators and government bodies. By completing this form, unless you opt-out, you consent to us also using and disclosing your information for promotional and marketing purposes. You can opt-out by contacting us at privacy@charteredaccountantsanz.com. We may also have collected information about you from a third party, for instance from other professional bodies with which we have reciprocal arrangements. Your information will also be used and disclosed as set out in CA ANZ's Privacy Policy, available at www.charteredaccountantsanz.com/privacy. It is likely that your personal information will be disclosed to overseas recipients (as provided in our Privacy Policy, including the location of those entities). The Privacy Policy sets out how CA ANZ handles your personal information including how you can seek to access and correct your information or raise a privacy concern with us and how it will be dealt with as well as details about the disclosure of your information to entities overseas.

Chartered Accountants Australia and New Zealand. Formed in Australia. Members are not liable for the debts and liabilities of Chartered Accountants Australia and New Zealand. ABN 50 084 642 571.

I declare that the information I have given in this form is complete, correct and up-to-date.

Signature		Full name	
		Date	/ /

Section 9 – Payment details

Assessment fee payable: (Please select ONE only)

- | | |
|---|---------|
| <input type="checkbox"/> Standard processing time | AU\$550 |
| <input type="checkbox"/> Express service exclusive to migration agents | AU\$650 |
| <input type="checkbox"/> Combined PASA/Skilled Employment Assessment (Standard processing time) | AU\$600 |

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

Total fee payable: AU\$

Payable by:

<input type="checkbox"/> Chartered Accountants Amex			
<input type="checkbox"/> Amex	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Diners Club
Card number	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
Expiry date	<input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/>		
Cardholder name			
Cardholder signature			

Section 10 – Checklist

Please ensure you have:

- Completed all applicable sections of this form (typed or in legible handwriting)
 - Selected fee to match assessment choice
 - Signed this form
- Enclosed the following: (where applicable)
- Evidence of name change (if applicable)
 - Original scanned copy of each degree certificate
 - Colour scanned copy of each academic transcript corresponding to each degree
 - Colour scanned copy of university/college handbook for each degree (if applicable)
 - Accounting bodies: Colour scanned copy of 'letter of good standing' (dated within 3 months of application receipt date), and original certified copies of membership certificate and examination results (if applicable)

- DIAC Form 956 or 'letter of authority' (if you have a **third party** acting on your behalf)
- Evidence of having met the English Language requirements:
- Colour scanned copy of your test result to confirm that you have achieved the appropriate test score (see page 3)

OR

- Colour scanned copy of academic transcript and completion certificate for Skilled Migration Internship Program: Accounting (SMIPA) (if applicable)

Combined Qualifications / Skilled Employment Assessment ONLY

- Colour scanned copies of employment references related to work experience
- Colour scanned copies of relevant payslips

Section 11 – Submitting your application form

HOW TO SUBMIT YOUR FORM

Please email your application form to:

EMAIL 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

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

WEBSITE charteredaccountantsanz.com