# Trades Recognition Australia Assessment Review Request Form

A review will consider the information submitted with the original application plus any additional evidence provided with the review application to support the original application.

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| Applicant Name |  |
| TRA reference number |  |
| Address  |  |
|  |
|  |  |
|  |  |
| Has your address changed since your original application to TRA? |
| 🞏 Yes | 🞏 No |
|  |
| Applicant Contact Details |
| 🞏 Email |  |
| 🞏 Telephone |  |
|  |
| Agent/Authorised Representative Name (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Agent/Authorised Representative Address (if applicable) |
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|  |  |
| Please tick which program your review relates to: |
|  🞏 Job Ready Program 🞏 Migration Points Advice  | 🞏 Migration Skills Assessment |
|  |  |
| Date of Assessment Outcome Letter | D D / M M / Y Y Y Y |
| Reason for review request |  |
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PLEASE ENSURE THAT THE PRIVACY CONSENT AND DECLARATION ON PAGE 3 IS SIGNED BY THE APPLICANT AND THE AGENT/REPRESENTATIVE (if applicable)

**Send this form as a PDF email attachment and your proof of payment to:** **Traenquiries@dewr.gov.au**

## PRIVACY CONSENT AND DECLARATION PAGE

Please sign below to confirm you agree with the statements listed.

I hereby acknowledge that I have accessed a Trades Recognition Australia (TRA), Australian Privacy Principle 5 Notice provided by the Department of Employment and Workplace Relations in the relevant program guidelines. I understand that by providing my consent in this form, I am acknowledging that I have read and understood the contents of this Notice.

Collection

I understand that by providing my consent in this form, I am authorising TRA to collect my personal
information for the purposes of:

* Processing applications, verifying evidence provided with applications, and assessing whether an applicant has suitable skills in a nominated occupation.
* Confirming authorisation by an applicant of his or her representative or migration agent, and to provide contact details for that representative or migration agent.
* Allowing you to make a payment of fees to TRA so you can lodge an application.
* Allowing TRA to confirm payment and process refunds as applicable.
* Conducting investigations and ensuring compliance with relevant laws, awards or standards.
* Ensuring compliance with the Commonwealth Fraud Control Guidelines (2011).

I consent to TRA collecting my personal information for these purposes. I understand that if I do not give my consent to TRA collecting my personal information, my application will not be able to proceed.

I understand that TRA may collect unsolicited personal information about me from third parties. I consent to TRA collecting unsolicited personal information from third parties where TRA is authorised by law to do so.

Disclosure

I understand that by providing my consent in this form, I am authorising TRA to disclose my personal
information to any of the entities listed in the APP 5 notice, for any of the purposes listed above.

I understand that TRA may disclose my personal information to overseas recipients, for the purposes of
verifying my employment, training information and processing refunds. I consent to my personal
information being disclosed by TRA to overseas recipients for this purpose. I understand that by providing my consent to disclose my personal information to the overseas recipients for this purpose, APP 8.1 will not apply.

Declaration

I confirm that information supplied on this application form and in support of claims made on this application form is true and correct.

I understand that providing false or misleading information is a serious offence.

If an agent or representative has assisted me, I declare I have not provided false or misleading information to the agent or representative for the preparation of this form.

|  |  |
| --- | --- |
| APPLICANT SIGNATURE |  |
| DATE (DD/MM/YYYY) |  |

If an agent or representative has assisted in the preparation of your application, your agent or representative must complete the declaration below

I prepared the application in accordance with the information supplied by the applicant

I understand that giving false or misleading information is a serious offence

I am authorised by the applicant to give the information in this application to TRA.

Agent/Representative, please sign below to confirm you agree with the statements listed.

|  |  |
| --- | --- |
| AGENT/REPRESENTATIVE SIGNATURE |  |
| DATE (DD/MM/YYYY) |  |