



## **Migration Skills Assessment**

Employer Template						
This form must be completed and signed by your employer or a direct supervisor who observes your daily tasks and duties.  Business Name						
Business Addres	SS					
Business Telephone			Business Email			
Business Websi	re					
Australian Business Number/Business Registration details For overseas businesses, details should be provided relevant to requirements for operating a business in that country.						
Employment details						
Date commenced			Date completed			
Full-time	Part-time	Hours per week		Salary		
Additional business information						

Please include any links relevant to the business such as social media (Facebook, Instagram, Twitter etc.), online telephone directories. Please include copies of any business cards or other advertising with your application.

Applicant Job Tasks and duties  This must accurately describe the applicant's job role in your own description from a third party website (such as ANZSCO).	n words. TRA will not accept a 'c	out and paste' occupation			
Tools/Equipment used					
Declaration					
I declare that the information supplied in this Employer Template is true and correct.					
I understand that giving false or misleading information is a serious offence, and that a person convicted of fraud in connection with an application for skills assessment may be subject to a range of penalties including fines and imprisonment.					
Name of Applicant	Position	Date			
Name and position of Supervisor/Manager	Signature of Supervisor/Manag	ger			