

# Agent authorisation form - skills assessment



## GENERAL INFORMATION

This form is for skills assessment applicants who wish to authorise an agent to act on their behalf or revoke authorisation. This form should be signed and uploaded online with an application or emailed to [assessments@acwa.org.au](mailto:assessments@acwa.org.au) if your application has already been lodged.

This authorisation is mandatory under *Australian Privacy Act 1988*. Once an agent is appointed, all contact with the Australian Community Workers Association, hereby referred to as ACWA, must be made via the agent. By appointing an agent to manage your skills assessment, you authorise the agent to:

- Submit applications on your behalf
- Discuss any aspect of your skills assessment, including the outcome and any documents previously submitted
- Receive the outcome on your behalf

## APPLICANT DETAILS

Given name/s

Family name (surname)

Full name (as per passport)

Date of birth (DD/MM/YY)

ACWA application ID (if applicable)

## AGENT DETAILS

Full name

Phone number

Company (if applicable)

Email address

## AUTHORISATION

Please tick the relevant declaration. If you are appointing an agent, you and the agent must sign this form. If you are revoking authorisation, only your signature is required. This form must be hand signed. Digital signatures are not accepted.

I **appoint** the above agent to act on my behalf in matters relating to my ACWA skills assessment.

I **revoke** authorisation from the above agent previously appointed to act on my behalf in matters relating to my ACWA skills assessment.

Applicant signature

Agent signature

Date (DD/MM/YY)

Date (DD/MM/YY)