

PRELIMINARY ASSESSMENT QUESTIONNAIRE

(PLEASE FILL IN CAPITAL LETTERS ONLY)

(TO QUALIFY FOR MIGRATION IT IS MANDATORY TO BE ABLE TO SPEAK, READ & WRITE ENGLISH FLUENTLY)

ABOUT YOU

NAME : _____

HOME ADDRESS : _____

_____ PINCODE _____

CONTACT PHONE NOS. : WORK _____ HOME : _____

: EMAIL _____ MOBILE : _____

DATE OF BIRTH : ____/____/____ MARITAL STATUS _____

ASSETS / JOB OFFER

VALUE OF TRANSFERABLE ASSETS (LOCAL CURRENCY) _____

ABOUT YOUR SPONSOR

DO YOU HAVE A BLOOD RELATIVE LIVING IN AUSTRALIA (YES / NO) _____

IF YES, INDICATE (FATHER, MOTHER, BROTHER, SISTER, UNCLE, AUNT OR FIRST COUSIN) : _____

DEFINE RELATIONSHIP (EG. AUNT IS YOUR FATHER OR MOTHER'S OWN SISTER) : _____

IS THE RELATIVE, A PERMANENT RESIDENT OR CITIZEN : _____

HAS THE RELATIVE WORKED FOR THE PAST 2 YEARS _____

IS YOUR RELATIVE WILLING TO SPONSOR YOU? _____

NAME OF RELATIVE : _____

PHONE NO.: _____ CITY _____ PINCODE _____

TO AVOID COSTLY ERRORS AND VISA DENIALS – PLEASE ENGAGE OUR SERVICES

SECONDARY EDUCATION (10TH STD) :

DATE COMPLETED _____

CLASS OBTAINED _____

HIGHER SECONDARY EDUCATION (12TH STD) :

DATE COMPLETED _____

CLASS OBTAINED _____

FOR TECHNICAL AND TRADESPERSONS

TRADE / TECHNICAL EDUCATION:

DATE COMPLETED _____

DURATION OF COURSE _____

NAME OF INSTITUTION _____

QUALIFICATION OBTAINED _____

IS YOUR INSTITUTION GOVERNMENT APPROVED? (YES / NO.) _____

APPRENTICESHIP:

DATE COMPLETED _____

DURATION OF COURSE _____

NAME OF INSTITUTION _____

QUALIFICATION OBTAINED _____

IS YOUR INSTITUTION GOVERNMENT APPROVED? (YES / NO) _____

FOR PROFESSIONALS AND PARA-PROFESSIONALS

UNIVERSITY EDUCATION (TERTIARY)

DEGREE OBTAINED _____ MAJOR SUBJECT _____

NAME OF COLLEGE _____

NAME OF UNIVERSITY _____

CLASS OBTAINED _____

DURATION OF COURSE _____

YEAR COMPLETED _____

POST GRADUATE COURSE

DEGREE OBTAINED _____ MAJOR SUBJECT _____

NAME OF COLLEGE _____

NAME OF UNIVERSITY _____

CLASS OBTAINED _____

DURATION OF COURSE _____

YEAR COMPLETED _____

POST GRADUATE COURSE

DEGREE OBTAINED _____ MAJOR SUBJECT _____

NAME OF COLLEGE _____

NAME OF UNIVERSITY _____

CLASS OBTAINED _____

DURATION OF COURSE _____

YEAR COMPLETED _____

1. EMPLOYMENT HISTORY

PERIOD (MONTH / YEAR) FROM _____ / _____ TO _____ / _____

NAME OF ORGANISATION _____ : _____

YOUR DESIGNATION _____

2. EMPLOYMENT HISTORY

PERIOD (MONTH / YEAR) FROM _____ / _____ TO _____ / _____

NAME OF ORGANISATION _____ : _____

YOUR DESIGNATION _____

3. EMPLOYMENT HISTORY

PERIOD (MONTH / YEAR) FROM _____ / _____ TO _____ / _____

NAME OF ORGANISATION _____ : _____

YOUR DESIGNATION _____

IF YOU HAVE WORKED IN MORE THAN 3 ORGANISATIONS PLEASE PHOTO COPY THIS SHEET AND PROVIDE DETAILS OF ALL EMPLOYMENT.

I DECLARE AS FOLLOWS :

- 1) THAT THE INFORMATION PROVIDED FOR THE PRELIMINARY ASSESSMENT IS GENUINE;
- 2) THAT I HAVE APPRISED ALL THE STAKEHOLDERS INCLUDED IN THE APPLICATION VIZ. MY SPOUSE, CHILDREN AND MY SPONSOR OF THE REQUIREMENTS THAT THEY HAVE TO COMPLY WITH FOR THE APPLICATION TO MIGRATE TO AUSTRALIA.

SIGNATURE : _____

DATE : _____

**PRELIMINARY ASSESSMENT QUESTIONNAIRE ATTACHMENT
(PLEASE COMPLETE IN BLOCK LETTERS)**

NOTE : IF THIS FORM IS INCOMPLETE, WE WILL NOT BE ABLE TO CARRY OUT AN ASSESSMENT

MAIN APPLICANT

NAME:	MARITAL STATUS:
D.O.B.:	AGE :

EDUCATIONAL QUALIFICATIONS

QUALIFICATIONS	UNIVERSITY/INSTITUTION	MAJOR	CLASS	YEAR	OFFICE USE

EMPLOYMENT

NAME OF EMPLOYER	DESIGNATION	FROM	To	

SPOUSE

NAME:	MARITAL STATUS:
D.O.B.:	AGE :

EDUCATIONAL QUALIFICATIONS

QUALIFICATIONS	UNIVERSITY/INSTITUTION	MAJOR	CLASS	YEAR	OFFICE USE

EMPLOYMENT

NAME OF EMPLOYER	DESIGNATION	FROM	To	

CHILDREN

NAME	D.O.B.	AGE	QUALIFICATION	