

Applicant Details

I hereby lodge a request to extend the validity period of my Migration Skills Assessment result issued by IML National by an additional 12 months. It is not more than two (2) years since my original assessment.

Assessment reference number (located on your letter from IML National) *

Title

Mr Mrs Ms Miss Dr Other

First name/s *

Family name *

Date of birth *

Country of birth *

Residential address *

City *

State/Province *

Country *

Zip/Postal code *

Email *

Are you using a Migration agent or other party/person to lodge this application on your behalf?

Yes No

If yes, please ensure you have attached a completed [Migration Agent Authorisation form](#).

Agent name: _____

Reason for Extension

Please outline your reason for an extension below. *

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Employment Details

Please advise if you have had a change of employment since your initial assessment. *

No change, I remain employed at the same organisation and position.

Employment details have changed.

New employment details

Position title *

Name of organisation *

Month appointed to position *

Year appointed to position *

Business address *

Country *

Telephone (incl. country and area code) *

Applicant's work email *

Website *

Total number of employees in the company *

Total managers directly reporting to you *

Total staff reporting directly or indirectly to you *

Applicant's immediate superior's name *

Applicant's immediate superior's position *



Supporting information will be required to be submitted together with this application form. Please refer to our [Supporting Documents Guide](#) for details.

Signature of applicant/agent

Date

Payment Details

Credit Card Authorisation Form

Migration Skills Assessment Manager
Institute of Managers and Leaders Australia and New Zealand
GPO Box 2229
Brisbane QLD 4000 Australia

I authorise the Institute of Managers and Leaders Limited (ABN 31 163 376 921), on behalf of IML National (ABN 56 004 525 017), to debit the sum of AUD \$80.00 (plus 10% GST if applicable*) from my credit card in payment for a Migration Skills Assessment Extension request.

Card type *

Visa Mastercard Amex ID no. _____

Cardholders name *

Card number *

Expiry month *

Expiry year *

Security code *

*GST is payable for applicants within Australia only.

Signature of applicant

Date