Migration Skills Assessment

Appointment of Third-Party Authority

Important information

To minimise delays, it is essential that:

- The information provided in this form is accurate, complete and printed clearly.
- The applicant's details provided in this form match the details provided in the skills assessment application.
- The third-party details (including the email address) match those associated with the third-party CPA Australia account used to submit the skills assessment application, as well as those provided on the application itself.

Who should complete this form?

This form should be completed by a skills assessment applicant who wishes to authorise a third party to act on their behalf for all matters related to the application.

How to submit this form?

A copy of the completed and signed form must be uploaded as part of the required supporting documentation for the skills assessment application, which the third party submits on your behalf via their individual third-party CPA Australia account.

How long is the authority valid for?

The third-party authority will remain valid for the duration of the skills assessment application's validity period, unless an authority end date is specified on this form. If an end date has been specified, the third-party authority will be revoked on that date.

How can the authority be revoked?

If you wish to revoke the third-party authority before the application validity end date (or the authority end date), you must notify CPA Australia in writing. Please email your request to migrationupload@cpaaustralia.com.au at least 10 working days prior to the date you wish the authorisation to cease.

How can changes be made to the third-party authority?

If you wish to nominate an alternative third-party authority, you must notify CPA Australia in writing and provide a newly completed Third Party Authority form. Please email your request and completed form to migrationupload@cpaaustralia.com.au at least 10 working days prior to the date you wish the changes to take effect.

Need help or more information?

For more information or assistance, please **contact us**.

CPA AUSTRALIA

(A) Applicant details

Applicant first name _____

Applicant middle name (optional) _____

Applicant family name _____

Applicant residential address _____

Suburb, Province or Region _____ Postcode or Zip _____

Country _____

Applicant CPA Australia ID (if applicable) _____

Applicant phone number _____

Applicant email address _____
Please ensure that email address is written clearly

(B) Third-party details

Third-party first name _____

Third-party middle name (optional) _____

Third-party family name _____

Business or migration agency name _____

Business address _____

Suburb, Province or Region _____ Postcode or Zip _____

Country _____

Migration Agent Registration Number (if applicable): _____

Third-party CPA Australia ID _____ Business phone number _____

Third-party email address _____

Important: Please use the same email address that was registered with the third-party CPA Australia account used to submit the skills assessment application. Please ensure the email address is written clearly.

(C) Declaration of Applicant

By signing where indicated below, I confirm that I:

1. Authorise the individual named in Section B of this form to:
   a. lodge CPA Australia Migration Skills Assessments applications (Application) on my behalf;
   b. liaise directly with CPA Australia on all matters directly relating to an Application lodged under this third-party authority, including documents or information provided in any previous Applications submitted by me or a third party on my behalf, and
   c. receive on my behalf all requests/communications (including outcome letter) relating to my Application.
2. Understand that the authority does not allow the nominated third party to make any decisions on my behalf and, if I am a CPA Australia member, does not allow them to change any of my profile details with CPA Australia;
3. Acknowledge that CPA Australia is not responsible for any loss and/or liabilities which may result from CPA Australia providing, receiving and/or processing information in accordance with this third-party authority;
4. Have read, understood and agree to **CPA Australia's Privacy Policy**, and
5. Acknowledge that I can revoke the authority in this form at any time by contacting CPA Australia in writing at least 10 working days prior to the authority end date.

Applicant Signature

Date

(D) Privacy Policy

Information collected via this form will be handled in accordance with **CPA Australia's Privacy Policy**.

(E) OPTIONAL: Authority end date

Insert a third-party authority end date below **only if you wish the authority to end before the expiry date of the skills assessment application**. If no date is specified, the authority will remain valid for the duration of your application validity.

For changes to third party authorisation after the submission of this form, please email your request to **migrationupload@cpaaustralia.com.au** at least 10 working days before the effective date of the changes.

Authority end date (if applicable):