

**Dietitians Association of Australia**  
 (A company limited by guarantee - incorporated in the ACT) (A.C.N. 008 521 480) (A.B.N. 34 008 521 480)

1/8 Phipps Close, Deakin ACT 2600, T (02) 6169 1200

**APPLICATION FOR SKILLS ASSESSMENT FOR MIGRATION PURPOSES**

**All applications for a Skills Assessment for Migration Purposes must be accompanied by the following documentation. Applications will not be assessed without this information:**

1. Copy of letter informing DSR MCQ results OR
2. Copy of your final academic transcript and current CV (including references) for inclusion of any dietetic employment since graduating.

**PERSONAL DETAILS**

DSR Candidate No: \_\_\_\_\_

DAA number (if applicable) \_\_\_\_\_

Title (Ms, Miss, Mrs, Mr, Dr, Other) \_\_\_\_\_

Last / Family Name \_\_\_\_\_

First/Give Names \_\_\_\_\_

Preferred Name \_\_\_\_\_

Former Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female

Home Address \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_

Address for correspondence (if different) \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_

Telephone: Area Code (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Do you require this skills assessment to apply for permanent residency in Australia? Yes  No

Name of University \_\_\_\_\_  
 \_\_\_\_\_

Title of program \_\_\_\_\_  
 \_\_\_\_\_

Year completed \_\_\_\_\_

Visa Type (Temporary 485/ Permanent Resident) \_\_\_\_\_  
 \_\_\_\_\_

**I declare that**  
 The information I have supplied on this form and any attachments is complete, correct and up-to-date;  
 I undertake to inform DAA of any changes to my circumstances while my application is being considered;  
 I authorise DAA to make any enquiries necessary to assist in the assessment of my qualifications and to use any information supplied in this application for that purpose: and  
 I have read and understood the information available on the DAA website regarding Skills Assessments for Migration Purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT SECTION - Tax Invoice - (ABN 34 008 521 480)**  
**Amount AUD \$260** \_\_\_\_\_

- Cheque/money order/bank draft     Mastercard  
 Visa (Note Amex/Diners Club not accepted)

Card Number:

Expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_    CVV:

Card Holder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_