



Trades Recognition Australia Assessment Review Request Form

A review will consider the information submitted with the original application plus any additional evidence provided with the review application to support the original application.

Applicant Name _____
TRA reference number _____
Address _____

Has your address changed since your original application to TRA?

☐ Yes

☐ No

Applicant Contact Details

☐ Email

☐ Telephone

Agent/Authorised Representative Name (if applicable)

Agent/Authorised Representative Address (if applicable)

Please tick which program your review relates to:

☐ Job Ready Program

☐ Migration Points Advice

☐ Migration Skills Assessment

Date of Assessment Outcome Letter

DD / MM / YYYY

Reason for review request

PLEASE ENSURE THAT THE PRIVACY CONSENT AND DECLARATION ON PAGE 3 IS SIGNED BY THE APPLICANT AND THE AGENT/REPRESENTATIVE (if applicable)

Send this form as a PDF email attachment and your proof of payment to: Traenquiries@dewr.gov.au



PRIVACY CONSENT AND DECLARATION PAGE

Please sign below to confirm you agree with the statements listed.

I hereby acknowledge that I have accessed a Trades Recognition Australia (TRA), Australian Privacy Principle 5 Notice provided by the Department of Employment and Workplace Relations in the relevant program guidelines. I understand that by providing my consent in this form, I am acknowledging that I have read and understood the contents of this Notice.

Collection

I understand that by providing my consent in this form, I am authorising TRA to collect my personal information for the purposes of:

- Processing applications, verifying evidence provided with applications, and assessing whether an applicant has suitable skills in a nominated occupation.
- Confirming authorisation by an applicant of his or her representative or migration agent, and to provide contact details for that representative or migration agent.
- Allowing you to make a payment of fees to TRA so you can lodge an application.
- Allowing TRA to confirm payment and process refunds as applicable.
- Conducting investigations and ensuring compliance with relevant laws, awards or standards.
- Ensuring compliance with the Commonwealth Fraud Control Guidelines (2011).

I consent to TRA collecting my personal information for these purposes. I understand that if I do not give my consent to TRA collecting my personal information, my application will not be able to proceed.

I understand that TRA may collect unsolicited personal information about me from third parties. I consent to TRA collecting unsolicited personal information from third parties where TRA is authorised by law to do so.

Disclosure

I understand that by providing my consent in this form, I am authorising TRA to disclose my personal information to any of the entities listed in the APP 5 notice, for any of the purposes listed above.

I understand that TRA may disclose my personal information to overseas recipients, for the purposes of verifying my employment, training information and processing refunds. I consent to my personal information being disclosed by TRA to overseas recipients for this purpose. I understand that by providing my consent to disclose my personal information to the overseas recipients for this purpose, APP 8.1 will not apply.



Australian Government
**Department of Employment
and Workplace Relations**

Declaration

I confirm that information supplied on this application form and in support of claims made on this application form is true and correct.

I understand that providing false or misleading information is a serious offence.

If an agent or representative has assisted me, I declare I have not provided false or misleading information to the agent or representative for the preparation of this form.

APPLICANT SIGNATURE

DATE (DD/MM/YYYY)

If an agent or representative has assisted in the preparation of your application, your agent or representative must complete the declaration below

I prepared the application in accordance with the information supplied by the applicant

I understand that giving false or misleading information is a serious offence

I am authorised by the applicant to give the information in this application to TRA.

Agent/Representative, please sign below to confirm you agree with the statements listed.

AGENT/REPRESENTATIVE SIGNATURE

DATE (DD/MM/YYYY)
