

Modified - Migration Skills Assessment Application

For Registered Nurses and Registered Midwives who hold registration and a current practising license in Australia and/or New Zealand

General Assessment information — What you need to know

Who uses this form?

This form is for Registered Nurses and Registered Midwives who are currently practising and who are applying to migrate to Australia and have been requested by the Department of Immigration and Citizenship (DIAC) to complete a skills assessment.

Please note: This form is *not for registration*. The ANMC does not register nurses or midwives. In Australia, registration is undertaken by each of the state/territory nurse/midwifery regulatory authorities (NMRAs). To register, you will need to contact the NMRA in the Australian state/territory where you wish to practise. Links to the NMRA websites are available on the contacts page of our website; www.anmc.org.au.

The completion of your assessment

At the completion of your assessment, you or your agent (if applicable), will be sent a 'Letter of Determination' on security paper. This letter is your 'evidence of Migration Skills Assessment' that you include with your application for permanent residency with DIAC. For further information visit DIAC's website at www.immi.gov.au.

Processing your application

Applications are processed within fourteen (14) weeks of receipt at our office (dependent on demand). If we require any further documents, we will write to you and request them; this will delay completion of your assessment.

Making enquiries about your application

On receipt of your application, a letter of confirmation will be sent to you which will include your file number to be used in all enquiries. Please allow four (4) weeks from the date you lodged your application for processing.

Original documents

The ANMC will not be held responsible for original documents sent to the office. **DO NOT SEND ORIGINAL DOCUMENTS.** Only certified documents are required.

Translations

Documents written in a language other than English must be translated by an official translator. The translation and a certified copy of the original document must be stapled together and sent with the application form.

Correctly certifying documents

Follow the guidelines below to have your documents correctly certified. **If your documents are incorrectly certified, they will be returned to you.** It is suggested that the person who certifies your application form is the same person who certifies all of your documents.

Listed below are the only people who can certify documents submitted to the ANMC. Please note this list is different to other assessing authorities:

- Legal Practitioner
- Notary Public
- Justice of the Peace
- Peace Commissioner
- Commissioner of Declarations
- Commissioner of Oaths
- Judge
- Magistrate
- Person legally designated to sign documents from an embassy or consulate

When certifying documents, the above person needs to include the following statement on each document;

I certify that this is a true copy of the original document.

Signature: _____ Date: _____
 Contact Address: _____ Phone number: _____
 Official stamp or seal if available

Privacy information

You must provide all information and documents as requested in this application form. However, you should be aware that in accordance with ANMC's Privacy Statement, we may request additional information about you from other persons or organisations.

Your documents

The documents that you send in with your application to the ANMC, will also be required when you apply to DIAC for migration. Please ensure that you have made additional certified copies of the documents you send in to the ANMC. The ANMC holds all documents and applications for **two** years after the last date of contact. After this time documents and applications are destroyed.

Faxes and emails

The ANMC is unable to accept faxed or emailed documents.

Form Validity

This form is valid for use between
 1 July 2009 and 30 June 2010

Required documents — What you need to send

This information guide is designed to help you fill in your application form and also compile the required documents. Please read this guide in conjunction with the application form.

1. Personal details

Suitable documents: Certified copies of; Birth certificate, Adoption certificate, Marriage certificate, Change of Name certificate, Deed Poll or Statutory Declaration

If you have **changed your last/family name** by marriage you will need to provide the marriage certificate. If you have been married more than once and changed your name each time, you will need to provide each marriage certificate.

If you are using a **different first or last/family name** or have an **additional name** to the names on your birth/adoption/marriage certificate/s, you will need to provide a Certificate of Change of Name or a Statutory Declaration stating all of your known names and that you are the same person as all of the names used in your application

2. Personal contact details

These are your own details. Even if you are using an agent, please put your own details here.

4. Agent's contact details

You will need to complete this section if you wish to authorise another person to act on your behalf.

All correspondence will be directed to your agent as if it were sent to you.

If you are using an agent, please direct all enquiries through them.

3. Photograph

Required document: Certified passport sized photo.

Please staple a certified photo of yourself to the box. The photo should be certified by the same person who signs your application. The statement should include a signature and the following statement; *I certify that this photo is a true likeness of the applicant.* This should appear on the back of the photo.

5. ASCO Code

(Australian Standard Classification of Occupations)
You can only nominate one (1) ASCO Code. If you nominate two (2), your application will be returned to you for clarification.

2323-11 Registered Nurse

2324-11 Registered Midwife

2325-11 Registered Mental Health Nurse

2326-11 Registered Developmental Disability Nurse

6. Nursing Education

Please indicate which country you gained your *initial* qualification and registration.

7. Initial Australian or New Zealand registration

Required document: Certified copy of your initial Australian or New Zealand registration certificate.

When you first gained registration in Australia or New Zealand, you would have been given a certificate of registration. It is generally the size of an A4 piece of paper.

8. Verification of current Australian or New Zealand registration

Required documents:

- *Current Australian or New Zealand practising licence and*
- *Verification of Registration letter.*

The practising licence (or authority to practise) is usually the size of a credit card.

The verification of registration is provided by the state/territory NMRA. Verifications must be sent directly to the ANMC. Verifications sent by you will not be accepted.

Please organise for the verification letter to be sent to our office before sending in your application to us. You do not need to have a file number before requesting a verification. Once received, a verification will be kept on file and attached to the application when it is processed.

10. Declaration

Read the declaration carefully before signing. You must sign the declaration in front of one of the people listed on the application form. If your declaration is not signed by a person listed on the application form, your complete application will be returned to you to have it certified correctly.

11. Payment details

Required information: Payment details

For information on the assessment fee and payment options, please go to page 'D'.

Sending in your application

Staple or clip your application together (do not include the information pages) and send it by post or courier to the following address;

Postal address:
PO Box 873
Dickson ACT 2602
Australia

Address for courier:
Level 1, 20 Challis Street
Dickson ACT 2602
Australia

Privacy Statement

The Australian Nursing & Midwifery Council (ANMC) has collected your personal information and, in accordance with its Privacy Policy, will hold it in its secure database. Personal information is any information or opinion about an individual whose identity is apparent from the information. We consider that holding your personal information is important and we take your right to privacy very seriously. To this end, we have issued this Privacy Statement to explain why we collect your personal information and how we may use or disclose it.

We collect personal information such as (but not limited to) contact details, educational qualifications, employment information, financial details (in relation to payment for our services), and some sensitive information such as racial or ethnic origin and membership of professional organisations. The full details of the personal information we collect can be found in the questions we ask and/or in the forms you have completed in relation to your dealings with ANMC.

In some situations we may have collected your personal information from a third party such as overseas organisations and institutions, government departments and authorities, educational institutions, hospitals and health providers. We collect and use personal information for the primary purpose of providing assessments of nursing skills and qualifications and issuing our publications and related information. If you do not provide the personal information we seek, we may not be able to undertake the required assessment or provide you with accurate information.

In addition to the primary purpose outlined above, we may also use your personal information (other than sensitive information) for research and internal administrative purposes.

All of the personal information we hold about you is held on a password protected database or in secure files. Only authorised officers of ANMC may access the data base and only for purposes outlined in our Privacy Policy. Once we no longer have a need for your personal information we will destroy or de-identify it. From time to time, we may disclose your personal information to certain organisations. If we do this we require these parties to protect your personal information in the same way we do. The types of organizations we may disclose your personal information to include:

- external service providers that provide ANMC with financial, legal, administrative and other services;
- the Department of Immigration and Citizenship (DIAC);
- the National Office of Overseas Skills Recognition (NOOSR);
- other nursing councils (and similar organizations), health and language education facilities, and related bodies, whether overseas or in Australia;
- government agencies (as part of our regulatory or statutory obligations);
- if we collect your information from someone else or another entity, including an overseas authority, hospital or institution, or representatives then we may disclose your personal information to that person or entity; and your agent.

If you sign an ANMC application form or request us to send you information we will take it that you consent to us collecting, using, disclosing and handling your personal information (including sensitive information) as set out in this Privacy Statement. You agree also that you have made this Privacy Statement (or a copy) available to any person whose personal information you have given to us.

You can request access to the personal information we hold about you and you may ask us at any time to correct it. For more information or access to your personal information, please refer to our Privacy Policy at www.anmc.org.au.

There may be a reasonable fee for accessing your personal information.

If you have any queries about this Privacy Statement or our Privacy Policy, please contact our CEO at:

Address:	Australian Nursing & Midwifery Council PO Box 873 Dickson ACT 2602 Australia
Phone Number	+ 61 2 6257 7960
Fax Number	+ 61 2 6257 7955
Website:	www.anmc.org.au

Payment methods, terms and conditions

The information contained in the payment methods, terms and conditions is issued as a guide only. It is the responsibility of person(s) providing payment to ensure that the correct fee is paid and information provided.

The ANMC will not be held liable for loss of payment incurred due to incorrect payment by the person(s) providing. Nor will it accept responsibility for loss of payment due to means uncontrollable by the ANMC including loss caused by postal systems.

Please Note: The ANMC is not in a position to accept payment in other than Australian Dollars (AUD).

If none of the payment options detailed below are available to you, please seek advice from the ANMC.

Credit Card

Payment can be made by Credit Card (Visa, MasterCard) through electronic transaction. Please provide the card number, type, expiry date and name of the cardholder. Payments are processed electronically on the day of receipt (in Australian Dollars) and a copy of the transaction record is made available after processing.

The ANMC *cannot* process payments through American Express or Diners Club.

Cheque, Money Order

Payment can also be made by a cheque on an Australian Bank or Australian Post Money Order. Cheques and money orders should be made payable to 'Australian Nursing & Midwifery Council'. Please do not staple cheques to the application form.

International Telegraphic Transfers

Please contact our Accounts Department on +61 2 6274 9106 or online via anmc@anmc.org.au for further information.

Foreign Drafts

Foreign drafts are accepted providing they are payable in AUD at an Australian Bank. Major Australian Banks accepted include the Commonwealth Bank, National Australia Bank, Westpac Banking Corporation and the Australia and New Zealand Bank (ANZ).

Please Note: Foreign drafts, even in Australian Dollars, payable on other than an Australian-based bank may attract additional charges and processing delays, which will represent additional charges to and be payable by the person(s) providing payment.

Fee Schedule

The ANMC reviews fees on an annual basis.

Skills Assessment Fee

An assessment fee is payable for all applications lodged at the ANMC. GST is not payable on assessment fees.

Consequences of Non-Payment

Applications received without the fee or with the incorrect fee will not be processed but will be returned to the applicant/agent.

Assessment Fees

Modified Assessment applications received between 1 July 2009 and 30 June 2010: **\$210.00**

Administrative Charges

As of **25 May 2009**, the ANMC **will not** refund the cost of any assessment applications. This supercedes the previous refund policy of January 2009.

Letter of Determination

On completion of the assessment, this office issues a Letter of Determination. This document is required by DIAC for migration purposes. Should the applicant/agent lose this letter, the re-issuing will cost **\$35.00**.

Form A



Modified - Migration Skills Assessment Application

For Registered Nurses and Registered Midwives who hold registration and a current practising license in Australia and/or New Zealand

Please complete this application form in conjunction with the accompanying information sheet
Please complete this application form using blue or black pen
All questions must be answered

1. Personal details

Last/Family name:	<input type="text"/>		
Given names:	<input type="text"/>		
All previous names including assumed and maiden names:	<input type="text"/>		
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth: <input type="text"/>
			DD/MM/YYYY
Country of birth:	<input type="text"/>		

2. Personal contact details

Postal address:	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Postcode: <input type="text"/>
Country:	<input type="text"/>	Phone number: (<input type="text"/>) <input type="text"/>
Email address:	<input type="text"/>	

3. Photograph

Staple a certified passport sized photo here.

Form validity

This form is valid for use between
1 July 2009 and 30 June 2010

4. Agent's contact details

I, _____ (insert your name here) authorise the below person to act on my behalf with regards to my assessment of nursing/midwifery qualifications.

Applicant's signature: _____ Date (DD/MM/YYYY): _____

Agent's name:

Company name:

Postal address:

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode: <input type="text"/>

Country:

Phone number:

Email address:

5. ASCO Code

ASCO Code:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>
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6. Nursing/Midwifery education

In which country did you complete your nursing/midwifery education which lead to your initial qualification and registration?

7. Initial Australian or New Zealand registration

I initially registered in:

- Australia — ACT NSW NT QLD SA TAS VIC WA
- New Zealand

8. Verification of current Australian or New Zealand registration

In which state or territory of Australia or in New Zealand are you currently registered and licensed to practice?

I am not currently practising in Australia or New Zealand

- I have only just completed my Australian or New Zealand nursing/midwifery education
- I had to leave Australia or New Zealand as my visa expired and I don't wish to practise where I am
- I am currently practising overseas

9. Checklist of required documents

Please see the 'Required documents—what you need to send' information **page B** for details of the required documents.

You must include the following with your application:

- A certified copy of your birth certificate
- A certified copy of your change of name documents (if applicable)
- A certified passport sized photograph
- Nominated only 1 (one) ASCO Code
- A certified copy of your initial Australian or New Zealand registration certificate
- A certified copy of your current Australian or New Zealand practising licence/authority to practise.
- Payment details; Credit card, money order, bank cheque etc.

Before sending in your application, you must have organised for a verification of your current Australian or New Zealand registration to be sent directly from the nurse/midwifery regulatory authority to the ANMC. I have requested this. Date requested: _____

10. Payment

How is the payment being made? Please see the Fee Schedule on page 4 for payment options

- Foreign draft in Australian dollars
- Bank cheque in Australian dollars
- Australia Post Money Order
- Credit Card Give details below

Amount	<input type="text" value="A\$210.00"/>	Credit card	Visa <input type="checkbox"/>	Master Card <input type="checkbox"/>
Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Expiry date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Name on card	<input type="text"/>	

I, (the cardholder) have read and understood ANMC's Privacy Statement issued with this application. I consent to ANMC collecting and using my personal information in accordance with the Privacy Statement.

Signature of cardholder

11. Declaration

I declare that:

- The information in this application and attachments is true and complete;
- I am intending to migrate to Australia
- I am the person photographed and named in this application and attachments;
- I have read and completed the checklist;
- I have read and understood ANMC's Privacy Statement issued with this application. I consent to ANMC collecting and using my personal information in accordance with the Privacy Statement; and
- If I have disclosed anyone else's personal information, I confirm that I have made a copy of ANMC's Privacy Statement available to that person.

Signature of applicant:

Date:

Signature of witness:

Name of witness:

Legal title of witness*

Address of witness:

Country:

Phone number:

* The **ANMC** recognises certified/witnessed documents from the following persons **only**:

- **Legal Practitioner;**
- **Justice of the Peace;**
- **Peace Commissioner;**
- **Commissioner of Oaths;**
- **Notary Public;**
- **Judge;**
- **Magistrate;**
- **Person legally designated to sign documents from an embassy or consulate.**

Each copy of an original document must bear a statement certifying that it is a true copy of the original. The person who signs the document must have the legal authority to do so and the statement should also include any official stamp or seal.

It also needs to include the date of the statement and the name, signature, contact address and phone number.

Please note that **Postal Managers, Police Officers, Pharmacists, Migration Agents, RNs, RMs, or Doctors** unless they are **ALSO ONE OF THE ABOVE, CANNOT CERTIFY DOCUMENTS** submitted to the **ANMC**.