



Migration Qualifications Reassessment

Use this form to apply for a NEW occupation code or when you need a reassessment of your qualifications that have already been undertaken by the Institute of Public Accountants.

Reference No	///
Select your Nominated Occupation	
Choose one occupation code only.	
O Accountant (General) ANZSCO code 22111	O Management Accountant ANZSCO code 221112
O Taxation Accountant ANZSCO code 221113	3 External Auditor ANZSCO 221213
O Finance Manager ANZSCO code 132211	O Corporate Treasurer ANZSCO code 221212
Your Details	
O Mr OMrs O Miss O Ms O Other, please	state
Gender O Male O Female Date	e of Birth/
Given name	Family name/surname
Please list other names used if these are different	ent from the name shown on your qualifications
Postal address	
Suburb/Town/City	State
Postcode	Country
Phone	Mobile
Fax	Email
Agent or Authorised Person Details (lea	ve blank if you are not using a Migration agent)
Business/Organisation Name:	
Authorised Person's Name:	
Postal Address	
Suburb/Town/City	State
Postcode	Country
Phone	Mobile
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Your reasons for Re-assessment

It is important to include details of your claims. The reasons for your claim must in assessment. For example, "I want to apply for another occupation code" or "I have areas I was missing previously".		
Payment		
Categories	\$AUD	Please Tick
Qualifications Reassessment within 12 months from the date of the initial assessment	235	<u> </u>
Qualifications Reassessment over 12 months from the date of the initial assessment	550	0
Qualifications Reassessment Fast Track (2 business day response)	660	0
Payment of fee is to be by bank cheque, overseas bank draft in Australian dollars responsible for the loss of mail. The fee is not refundable.	or credit card. The IPA is not able to acce	ept cash, and is not
O I have enclosed a bank cheque/money order payable to 'Institute of F	Public Accountants'	
O Please charge my OAmex O Mastercard O Visa		
Card number	Expiry date /	
Cardholder name		
Signature TAX INVOICE: This form becomes a Tax Invoice upon payment. Please retain a continuous payment.	Date / / /	
Declaration		
I declare that:		
 Information I have supplied and any attachments are complete, I undertake to inform the IPA of any changes to my circumstance I authorise the IPA to make any and all enquiries necessary to a in this application for that purpose; Information collected about me and any documents I attach can required by law, including to Department of Home Affairs, Depa DESE), and professional organisations; I agree with the terms and conditions for the assessment of my as disclosed on the IPA website. 	ses while my application is being cons assist in this assessment and to use a be disclosed without my consent wh rtment of Employment and Workplac	any information supplied nere authorised or e Relations (formerly
Applicant's signature	Date / /	

Final Checklist

O	All documents must be high quality colour scans or colour photocopies. Please note that the IPA may request original or certified true copies from time to time.
0	Official academic transcripts/mark sheets for additional studies completed.
	IELTS/TOEFL iBT/Pearson PTE Academic English/Cambridge English: Advanced (CAE) test results
0	Completion letter/award certificate for qualifications recently completed
0	Additional detailed subject outlines/syllabus details
\circ	Letter of authority allowing the IPA to correspond and verify directly with the university concerning your studies

Submit your application

 $\textbf{Email:} \ \underline{immi_applications@publicaccountants.org.au}$