



Request for Extension of Skills Assessment Result

Note: Approved extension results are valid for a maximum of 12 months from the date of approval. An extension will only be granted if an application is received by AIM within the two year period following the date of original validation.

Please complete pages 1 to 4 and email to: migration@aim.com.au

Please ensure document is emailed in PDF format.

Assessment Reference Number: (located on your letter from AIM)

.....

Applicant Name: (please print)

.....

Date of Birth:

Postal Address for Correspondence:

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.....
.....

Email Address:

Agent Name: (if applicable) (Ensure you have attached documentation authorising an agent to act on your behalf)

.....

Today's Date:

Applicant / Agent Signature:

.....



Please outline your reason for an extension on this page. If insufficient space, please attach a separate sheet.

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Please advise if you have had a change of employment since your initial assessment:

- No change, I remain employed at the same organisation and position
- Employment details have changed. Please provide the following details:

Position Title:.....

Date Appointed to Position (month/year):.....

Name of Organisation:.....

Business Address:.....

Telephone (including country code and area code):.....

Email:.....

Website address:.....

Total number of employees in company:.....

Total directly reporting to you: Managers -Other Staff –

Applicant's immediate superior's name:.....

Applicant's immediate superior's position:.....

If you have worked in more than 1 different position since your original assessment please provide an additional page with further employment details.



Australian
Institute of
Management

Credit Card Authorisation Form

Date: ____/____/____

Management Skills Assessment Coordinator
Australian Institute of Management
GPO Box 2229
Brisbane Qld 4000

I, _____ authorise the Australian Institute of Management to debit the sum of AUD\$80.00 (plus 10% GST if applicable*) from my credit card in payment for a Management Skills Assessment Extension Request.

Cardholders Name: _____

Address: _____

Card Type: BankCard MasterCard Visa Diners Amex: ID No: _____

Card Number: _____ Expiry Date: ____/____

Card Validation Code: _____ (Last 3 digits of the number printed on the signature panel)

Signature: _____

*GST is payable for applicants within Australia only.



Appointment of Person to Act as Agent

Are you using a Migration Agent or other party/person to lodge this application on your behalf?

Yes No

If yes, please complete the Authorisation for Appointment to Act as Agent below.

I, _____ authorise the following person to act on my behalf in relation to my application for a Management Skills Assessment.

Agent's Name

Name of Agency

Agent's Address

Agent's Email

Agent's Registration Number (if applicable)

Applicants signature Date