### **Application Form**

# Migration Skills Assessment



Applicant Details			
Please fully complete the form - incomplete applic	ations will cause delay in processing.		
Occupation *			
Chief Executive or Managing Director [111111]  Sales and Marketing Manager [131112]  Public Relations Manager [131114]  Engineering Manager [133211]  Procurement Manager [133612]	Corporate General Manager [111211]  Advertising Manager [131113]  Human Resource Manager [132311]  Supply and Distribution Manager [133611]		
Title			
Mr Mrs Ms	Miss Dr Other		
First name/s *	Family name *		
Date of birth *	Country of birth *		
Residential address *			
City *	State/Province *		
Country *	Zip/Postal code *		
Email *			

#### **Qualification Details**

Only post-secondary education is required, include any postgraduate qualifications. Start with the most recent qualification.



Study complete month *			
Study complete year *			
Institution of study (full name)			
Country of education			
Study complete month			
Study complete year			

Qualification Details Cont.			
3			
Qualification gained (full name)			
Institution of study (full name)			
Country of education			
Study start month	Study complete month		
Study start year	Study complete year		
Qualification gained (full name)  Institution of study (full name)			
Country of education			
Study start month	Study complete month		
Study start year	Study complete year		
	be required to be submitted together with this application porting Documents Guide' for details.		

# Referees The first referee should be your manager, either in your current position or previous position. If you are the most senior person in your organisation, a business associate would be appropriate. Referee 1 Referee is not related to applicant \* Referee full name \* Position/Title \* Company \* LinkedIn profile (if applicable) Company address \* Telephone (incl. country and area code) \* Email \* Referee has agreed to be available for comment if contacted by IML ANZ Referee 2 Referee is not related to applicant \* Referee full name \* Position/Title \* Company \* LinkedIn profile (if applicable) Company address \* Telephone (incl. country and area code) \* Email \*

Referee has agreed to be available for comment if contacted by IML ANZ

#### **Employment**

Please provide all employment details (starting with current employment if applicable) Note: our assessment is based upon a review of an entire career history, but with an emphasis on the past five (5) years.

#### **Employment details 1**

Position title *	Name of organisation *	
Month appointed to position *	Month finished at position	
Year appointed to position *	Year finished at position	
Business address *		
Country *	Telephone (incl. country and area code) *	
Applicant's work email *	Website *	
Total number of employees in the company *	Number of subordinate managers directly reporting to you *	
Total number of subordinate managers in a managerial or supervisory position reporting to your subordinate managers *		
Applicant's immediate superior's name *	Applicant's immediate superior's position *	



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Applicant's work email *	Website *
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subordinate managers *	genal of supervisory position reporting to your
Applicant's immediate superior's name *	Applicant's immediate superior's position *



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#### Management and leadership experience

The applicant must demonstrate management and leadership experience by referring to the IML Management Competencies Framework and selecting one competence from each of the three areas:

- 1. Manage self
- 2. Manage and lead others
- 3. Manage and lead the business.

For each of the three competencies selected, the applicant must describe how they achieved these in 300 words or less. The applicant must use specific examples from their demonstrated work experience, state what they personally did and why, what the outcome was and what they learned from it.

#### Manage self \*

Pleas	se indicate the competency that the applicant is describing:	
	Manage personal and professional development	
	Manage time and priorities	
	Communicate effectively	
	Develop and maintain your professional networks	
	Foster emotional intelligence and resilience	
	Cultivate business acumen – seeing the bigger picture	
	Develop creative and innovative thinking	
	Develop decision-making and problem-solving	
Desc	ribe here how the competency was achieved in 300 words or less.	ord Count
Desc		ord Count

# Manage and lead others \* Please indicate the competency that the applicant is describing: Lead your team and area of responsibility Develop individuals Provide coaching and mentoring Develop high performing teams Delegate effectively Develop and sustain collaborative internal and external relationships Manage people performance Manage conflict Recruit, select, induct and retain people Develop influence and negotiation skills Manage and value diversity **Word Count** Describe here how the competency was achieved in 300 words or less.

## Manage and lead the business \*

Pleas	se indicate the competency that the applicant is describing:
	Provide leadership across the organisation
	Develop and implement your organisation's vision, values and culture
	Facilitate and manage innovation, change and continuous improvement
	Manage operational and strategic plans
	Provide governance
	Manage financial resources
	Manage human resources
	Promote equality of opportunity, diversity and inclusion
	Manage physical and technical resources
	Manage information and knowledge
	Manage business operations and projects
	Manage procurement
	Manage sales and marketing
	Manage customer service
	Manage quality and performance
Desc	Word Count ribe here how the competency was achieved in 300 words or less.

#### Declaration

#### Terms and conditions

- 1. I have read the 'Supporting Documents Guide' from IML ANZ's website and I understand that the assessment cannot be completed if I do not provide adequate verified and certified documents.
- 2. I will inform IML National in writing of any changes to my circumstances which may occur while my application is being assessed.
- 3. I authorise IML National to make any enquiries to educational institutions and authorised referees concerning my education and employment experience.
- 4. I understand that IML National may be required to provide the Department of Home Affairs with any information pertaining to my application.
- 5. I understand that the application fee is non-refundable, irrespective of the outcome of the assessment by IML National.
- 6. I understand the assessment will take up to 8 weeks to complete. However, the assessment will take longer if further information is required.
- 7. I understand that if I apply for the Express Assessment Service the assessment will take up to 4 weeks to complete. However the assessment will take longer if further information is required.
- 8. I understand IML National does not offer immigration advice to applicants.
- 9. I have read IML ANZ's Privacy Policy and acknowledge that IML ANZ or its related entities may contact me in the future by email with information abou the Services and Products offered by IML ANZ and its related entities. If you do not wish to receive further communication from IML ANZ or its related entities, please let us know that you would like to be removed from IML ANZ's mailing list by ticking the below box.

	I wish to opt out of receiving any further com	nmunication from IML ANZ a	and its related entities.
	I have read and understand the above terms supplied is accurate and consent to any necessary		
Sig	nature of applicant	Date	

#### **Credit Card Authorisation Form**

Migration Skills Assessment Mar	nager	
Institute of Managers and Leade	rs Australia and New Zealand	
GPO Box 2229		
Brisbane QLD 4000 Australia		
I authorise the Institute of Manag	gers and Leaders Limited (ABN 3116	53 376 921), on behalf of IML
National (ABN 56 004 525 017), to	debit the sum of (please choose a	n option below):
AUD \$550.00 (plus 10% GST	if applicable*) from my credit card i	in payment for a
Migration Skills Assessment		
AUD \$750.00 (plus 10% GST	if applicable*) from my credit card i	n payment for
an <b>Express</b> Migration Skills	Assessment.	
Card type *		
Visa Mastercard Amex ID no.		
Cardholders name *		
Card number *		
Expiry month *	Expiry year *	Security code *
*GST is payable for applicants wit	chin Australia only.	
Signature of applicant	]	Date