Australian Institute for Teaching and School Leadership Limited

ABN 17 117 362 740

Agent authorisation form

I, (insert applicant's name)

authorise the following agent to act on my behalf in all activities related to my application for an AITSL Teacher Migration Services and Support skills assessment. I understand this application will be lodged online via the Applicant portal.

I acknowledge that this means that all correspondence and communication relating to the assessment, including the outcome, will be sent to the agent.

I understand that I am not required to have an agent to undertake the assessment process and that using an agent will not change the process or alter the assessment duration.

Agent contact details

Title (Miss, Mrs, Mr, Ms, Dr): Full name: Alex Jones

Company name: Sterling Migration

Postal address: Berkeley Suite, 35 Berkeley Square, Mayfair, London, W1J 5BF, UK

Email address: compliance@sterlingmigration.com

Applicant's original signature (not agent):

Date (dd/mm/yyyy): / /