



AUSTRALIAN INSTITUTE OF MEDICAL AND CLINICAL SCIENTISTS

APPLICATION FOR SKILLS ASSESSMENT

Pathology Collector / Phlebotomist (ANZSCO 311216)

Applicants are advised to read the **GUIDELINES FOR SKILLS ASSESSMENT OF OCCUPATIONS** before completing this form.
The application cannot be processed if it is incorrect or incomplete. Please complete the checklist at the end of this form.

SECTION 1. PERSONAL INFORMATION

Preferred title: Dr ☐ Ms ☐ Mr ☐ Mrs ☐ Miss ☐ Other ☐ _____

Last name / Surname: _____
(as shown in your passport) If no Last name / Surname on your passport, please tick this box ☐

First name(s): _____
(as shown in your passport)

Middle name(s): _____
(as shown in your passport)

Previous name(s) (if applicable): _____
Include a colour scan of evidence of name change e.g., Marriage Certificate, or official Name Registration.

Date of birth: ____ / ____ / ____ Gender: Female ☐ Male ☐ Other ☐
DD MM YYYY

Are you currently living in Australia? Yes ☐ No ☐

CONTACT INFORMATION OF THE **APPLICANT**

Email Address: _____

Home Address: Line 1: _____

Line 2: _____

Line 3: _____

Suburb / City: _____

State (if applicable): _____

Postcode (if applicable): _____

Country: _____

Telephone numbers - Include country code, area code and extension numbers as applicable.

Mobile: _____

Work: _____

Home: _____

SECTION 2. AGENT / REPRESENTATIVE DECLARATION

Do you, the Applicant, authorise an agent or representative to act for you in matters concerned with this application?

YES ☐ or NO ☐

AGENT'S / REPRESENTATIVE'S INFORMATION

Provide the details of a migration agent or other person acting on behalf of the applicant. AIMS will email the skills assessment results letter to the agent's / representative's email address provided in this section.

Agent's / Representative's Name:

Company Name (if applicable):

MARA Registration Number (if applicable):

Email:

Address Line 1:

Line 2:

Line 3:

Suburb / City:

State & Postcode:

Country:

Daytime Phone Number:

AGENT'S / REPRESENTATIVE'S DECLARATION

I declare that:

- I am the nominated agent authorised by the applicant to correspond with AIMS for all matters concerning this application.
- I understand that the applicant may withdraw this authority in writing at any time.
- I will inform AIMS, in writing, of any changes to the applicant's circumstances while this application is being considered.

Agent's / Representative Signature: Date: / /
DD MM YYYY

IMPORTANT: Do not insert scanned or photocopied signatures. The Agent's / Representative's signature must be signed in ink.

SECTION 3. ENGLISH LANGUAGE ASSESSMENT

Include your valid English proficiency test report.

All applicants **must** provide an English proficiency test report. There are **no** exemptions to this requirement.

AIMS considers the English proficiency test report to be valid if it is received by AIMS, with your skills assessment application, within three (3) years from the test date.

AIMS will accept the following English language test reports:

- International English Language Testing System (**IELTS**) Academic or General Training) - at least 7.0 or higher for each of the 4 test components (listening, reading, writing, and speaking).
- Test of English as a Foreign Language (**TOEFL**) - At least 24 for listening, 24 for reading, 27 for writing and 23 for speaking (total score of 98 points or higher).
- Pearson Test of English Academic (**PTE Academic**) - At least 65 points for each of the 4 test components and **must** be submitted online to the **Australian Institute of Medical Scientists**. Online submission instructions can be found on the [PTE website](https://pearsonpte.com/scoring): pearsonpte.com/scoring
- Occupational English Test (**OET**) - At least a B grade for each of the 4 test components (or a minimum score of 350 in each of the 4 test components) and **must** be completed in a profession that AIMS considers relevant to medical laboratory science, i.e., Medicine, Nursing, Dentistry, Pharmacy, or Veterinary Science. A copy of your downloaded online *Statement of Results* report must be submitted as a **colour** scan and submitted online to AIMS. Instructions can found on the [OET website](#).
- Cambridge C1 Advanced test - at least 185 in each of the 4 test components (listening, reading, writing, and speaking).

Date of test: / /
 DD MM YYYY

Mark one (1) of the testing authority's reports that you are submitting with this application:

- ☐ **IELTS** ☐ Include a copy of your test report.
- ☐ **TOEFL** ☐ Include a copy of test your report.
- ☐ **Pearson PTE Academic**
- ☐ Test Score Code: Registration ID:
- PTE [Online submission](#) instructions: (<https://pearsonpte.com/scoring>)
- ☐ **OET** ☐ Include a copy of your downloaded *Statement of Results* report.
- and also**
- ☐ Submit an online copy to AIMS. Instructions can found on the [OET website](#).
- ☐ **Cambridge C1** ☐ Include a copy of test your report.

SECTION 4. PRIMARY AND SECONDARY EDUCATION DETAILS

Which years did you start and finish school? Start: / / Finish: / /
 DD MM YYYY DD MM YYYY

Number of years you were at primary school: Number of years you were at secondary school:

Country where you obtained your secondary education:

Note: *Do not* include documentary proof or course transcripts of your primary and secondary education.

SECTION 5. TERTIARY EDUCATION

Provide details for **all** tertiary level educational qualifications you have completed.

For each qualification you must include:

- A colour scan of the Certificate / Testamur or a Statement of Completion issued by the institution, and
- A colour scan of the complete official academic transcript issued by the institution, **PLEASE READ THE INSTRUCTIONS ON THE LAST PAGE REGARDING OFFICIAL ACADEMIC TRANSCRIPTS**; and
- A black and white scan of the syllabus / unit descriptions issued by the institution for all **relevant** subjects undertaken as part of your tertiary qualification.

If you have completed a PhD or MPhil or Masters by Research you must include:

- A colour scan of your Certificate / Testamur or a Statement / Letter of Completion issued by the institution; and
- An abstract of your thesis, which includes your research methods.

TERTIARY EDUCATION - QUALIFICATION

Qualification title (in English):

Qualification title (in original language):

Educational Institution Name:

Campus:

Street Address Line 1:

Street Address Line 2:

Suburb / City:

State & Postcode:

Country:

Date started:

DD MM YYYY

Date completed:

DD MM YYYY

Studied full-time: ☐ Studied part-time: ☐ Combination of full-time and part-time: ☐

Normal length of full-time course: Years: Semesters:

Length of time you took to complete the course: Years: Semesters:

Was a period of compulsory practical or clinical experience a requirement of the course? Yes* ☐ No ☐

*If Yes, length of time involved e.g., years, months, weeks or semesters:

SECTION 5. TERTIARY EDUCATION (CON'T)

Provide details for **all** tertiary level educational qualifications you have completed.

For each qualification you must include:

- A colour scan of the Certificate / Testamur or a Statement of Completion issued by the institution, and
- A colour scan of the complete official academic transcript issued by the institution, **PLEASE READ THE INSTRUCTIONS ON THE LAST PAGE REGARDING OFFICIAL ACADEMIC TRANSCRIPTS**; and
- A black and white scan of the syllabus / unit descriptions issued by the institution for all **relevant** subjects undertaken as part of your tertiary qualification.

If you have completed a PhD or MPhil or Masters by Research you must include:

- A colour scan of your Certificate / Testamur or a Statement / Letter of Completion issued by the institution; and
- An abstract of your thesis, which includes your research methods.

TERTIARY EDUCATION - QUALIFICATION

Qualification title (in English):

Qualification title (in original language):

Educational Institution Name:

Campus:

Street Address Line 1:

Street Address Line 2:

Suburb / City:

State & Postcode:

Country:

Date started: / /
DD MM YYYY

Date completed: / /
DD MM YYYY

Studied full-time: ☐ Studied part-time: ☐ Combination of full-time and part-time: ☐

Normal length of full-time course: Years: Semesters:

Length of time you took to complete the course: Years: Semesters:

Was a period of compulsory practical or clinical experience a requirement of the course? Yes* ☐ No ☐

* If **Yes**, length of time involved e.g., years, months, weeks or semesters:

Additional Tertiary Qualifications

If you have additional qualifications that you wish to include, please make a copy of this page, complete the information and include appropriate colour scans of documents as detailed above.

SECTION 6. PROFESSIONAL EMPLOYMENT

Provide details of your **relevant** postgraduate professional experience in a medical diagnostic laboratory over the last ten (10) years.

Please check that you meet the below requirements:

Include the same information on the application form as is provided in the employer's employment verification letter.

The employer's verification letter must meet the following requirements to be accepted for the application:

- The specific start and finish dates of each period of employment (day, month and year)
- Full-time or part-time and the **average weekly hours worked**
- Your position title
- The nature of your employment, including most important tasks performed or projects completed
- A bullet point list of duties or an accompanying duty statement
- The letter must be on company letterhead with the name of the employer and their full business street address
- The verification letter must be signed and dated by the applicant's supervisor, line manager, or hr officer, and the **full name and position title of the signatory** must be listed under their signature
- The verification letter must include the **business email address** and business phone number of the signatory.

If you are / were a self-employed / sole trader: please provide colour scans of as many official and verifiable documents as possible.

Include at least two (2) client testimonials indicating your primary tasks and responsibilities in carrying out your business. Other documents can include business registration details, evidence of business activity statements, client invoices, bank statements and official taxation evidence.

EMPLOYMENT (1) - Most Recent employment

Position Title:

Start Date: / / Finish Date: / / or ☐ **Currently Employed ***
(DD MM YYYY DD MM YYYY) (*Letters must be dated by the author for verification of current employment)

Employed: Full-Time ☐ or Part-Time ☐

Average weekly hours worked:

Employer Business Name:

Employer Address Line 1:

Line 2:

Suburb / City:

State & Postcode:

Country:

SECTION 6. PROFESSIONAL EMPLOYMENT (CON'T)

Provide details of your **relevant** postgraduate professional experience in a medical diagnostic laboratory over the last ten (10) years.

Please check that you meet the below requirements:

Include the same information on the application form as is provided in the employer's employment verification letter.

The employer's verification letter must meet the following requirements to be accepted for the application:

- The specific start and finish dates of each period of employment (day, month and year)
- Full-time or part-time and the **average weekly hours worked**
- Your position title
- The nature of your employment, including most important tasks performed or projects completed
- A bullet point list of duties or an accompanying duty statement
- The letter must be on company letterhead with the name of the employer and their full business street address
- The verification letter must be signed and dated by the applicant's supervisor, line manager, or hr officer, and the **full name and position title of the signatory** must be listed under their signature
- The verification letter must include the **business email address** and business phone number of the signatory.

If you are / were a self-employed / sole trader: please provide colour scans of as many official and verifiable documents as possible.

Include at least two (2) client testimonials indicating your primary tasks and responsibilities in carrying out your business. Other documents can include business registration details, evidence of business activity statements, client invoices, bank statements and official taxation evidence.

EMPLOYMENT (2)

Position Title:

Start Date: / / Finish Date: / /
 DD MM YYYY DD MM YYYY

Employed: Full-Time ☐ or Part-Time ☐

Average weekly hours worked:

Employer Business Name:

Employer Address Line 1:

Line 2:

Suburb / City:

State & Postcode:

Country:

Additional Professional Employment

If you have additional employment experience that you wish to include, please make a copy of this page, complete the information, and include colour scans of appropriate documents as detailed above.

SECTION 7. CURRENT FIRST AID CERTIFICATION

Provide details of your **current** first aid qualification:

First aiders should attend training on an annual basis to refresh their first aid knowledge and skills and to confirm their competence to provide first aid. First aid qualifications should be renewed every three (3) years.

First Aid qualification title (in English):

First Aid qualification title (in original language):

Educational Institution / Employer Name:

Street Address Line 1:

Street Address Line 2:

Suburb/City:

State & Postcode:

Country:

Date started: / /
 DD MM YYYY

Date completed: / /
 DD MM YYYY

Normal length of full-time course: Hours: Length of time you took to complete the course: Hours:

SECTION 8. PROFESSIONAL REGISTRATION / LICENSURE / MEMBERSHIP (if applicable)

If you work in a country that requires registration or licensure then the REGISTRATION field must be completed.

Include **colour** scans of evidence of Registration / Licence / Membership

Are you registered or licensed with a professional body? No ☐ Yes ☐ (If **Yes**, please provide details below):

REGISTRATION

Name of registration or licensure body:

Country:

Date started: / / Current ☐ OR Date finished: / /
 DD MM YYYY DD MM YYYY

How will AIMS be able to verify your membership, registration, or licence with the professional association (i.e., email or online verification system)?

.....

Have you ever been refused a professional membership, license, or registration, or had your professional membership, license, or registration revoked?

☐ No ☐ Yes (if **Yes**, please provide details):

.....

MEMBERSHIP OF A PROFESSIONAL ORGANISATION

Are you a member of a professional organisation? No ☐ Yes ☐ (If **Yes**, please provide details below):

Professional Organisation Name:

Membership Title / Category:

Current ☐ or Date finished: / /
 DD MM YYYY

SECTION 9. PAYMENT INFORMATION

Payment **must** be in Australian dollars (AUD) and all payments are **non-refundable**.

Do **NOT** send cash, cheques or money orders.

Refer to the AIMS website for current fees: www.aims.org.au/services/assessment-options/Fees-for-Qualification-Assessment

Fees are subject to change without notice.

The Visa or Mastercard number provided below will be charged the assessment fee when your application and supporting documents have been received. Online Payments are no longer being accepted.

☐ Visa or ☐ Mastercard



Card No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card Expiry Date: ____ / ____
MM YY

CVV Number (back of card): _____

Cardholder Name (as it appears on the card): _____

Cardholder Signature: _____

SECTION 10. APPLICANT DECLARATION

Please read and sign this 'Declaration' in **ink**.

- I declare that the information I have supplied on this form and the enclosed documents are true and correct.
- I acknowledge that AIMS may seek further information and verification of the information and documents provided with this application from third parties.
- I acknowledge that AIMS may forward all or part of this application to the Department of Home Affairs. AIMS will also inform the Department of Home Affairs of any concerns it may have as to the validity or authenticity of any part of this application or the included documents.
- AIMS reserves the right to provide my assessment status to relevant third parties, however, my personal details will remain confidential. To view the AIMS privacy policy visit: www.aims.org.au/privacypolicy
- I undertake to inform AIMS, in writing, of any change of circumstances (e.g. change of address) while my application is being considered.
- I understand that until AIMS has:
 - (a) received complete and correct information, supporting documentation
 - (b) verified the claims of education, employment, and professional registration or membership, that I have made in this application
 - (c) received my application fee payment; my application cannot proceed to assessment.

Applicant's Signature: _____ Date: ____ / ____ / ____
DD MM YYYY

COMPLETE THE CHECKLIST (OVER THE PAGE) BEFORE SUBMITTING YOUR APPLICATION.

CHECKLIST

Please tick the box for each item. Incorrect or incomplete applications cannot be processed. AIMS will notify the applicant of any missing documents. Applicants will be given the opportunity to address issues with their application.

[Please click on this link to download the GUIDELINES](#)

TRANSLATIONS OF SUPPORTING DOCUMENTS:

- ☐ Documents that are not in English must be translated by an **accredited** translator (if outside Australia) or a **NAATI Certified** translator (if translated in Australia).
 - ☐ For documents translated to English, include a colour scan of original documents in their original language, in addition to the certified translations.
-

IDENTITY DOCUMENTS

- ☐ a colour scan of the bio-data page of your valid passport, or identification card.
 - ☐ a colour scan of your birth certificate.
 - ☐ one (1) recent good quality headshot photograph taken within the last six (6) months. It must be taken against a plain light-coloured background. Self-taken photographs are **not** acceptable.
 - ☐ a colour scan of your proof of change of name (if applicable) such as a marriage certificate or name change registration.
 - ☐ a colour scan of at least one (1) or more secondary documents. Acceptable secondary forms of identification may include, but are not limited to:
 - National ID
 - Driver's Licence
 - Social security card
 - Marriage certificate
 - Student identity card
 - Australian visa.
-

ENGLISH PROFICIENCY TEST REPORT

- ☐ Copy of your English proficiency test report, dated within the last three (3) years.
AIMS accepts IELTS (Academic or General), TOEFL, *OET, *Pearson PTE Academic and Cambridge C1 Advanced.
* If OET or Pearson PTE Academic, the Test Report must also be submitted to AIMS **online**.
-

TERTIARY EDUCATION. For each qualification, you must include:

Proof of Completion:

- ☐ A colour scan of your certificate / testamur or statement of completion.

Academic Transcripts:

If your qualification was completed by an **Australian university**:

- ☐ You have submitted your academic transcript via the **My eEquals** system to applications@aims.org.au
- OR**

- ☐ You have included with your application a certified PDF file of your academic transcript created from within the **My eEquals** system.

If your qualification was completed by an **Australian Vocational Education and Training (VET)** organisation:

- ☐ Prepared your Unique Student Identifier (USI) academic transcript via the [USI Student Portal](#).

If your qualification was completed overseas:

- ☐ A colour scan of your **official** academic transcript(s) showing: subjects; examination marks / grades and explanation of the grading system, and, where applicable, details of practical hours and clinical placements.
- ☐ You have **requested** from the institution you attended to **post** or **courier** a copy of your official academic transcript directly to AIMS in a sealed envelope that is signed and stamped across the back flap by the appropriate official at the institution. If the institution gives you the document to send to AIMS, it must be in a sealed envelope. If the envelope is opened or there is no stamp or signature across the back flap, **AIMS cannot accept the document**.

Unit Descriptions:

- ☐ A black and white scan of the program description issued by the institution.

Thesis Abstract:

- ☐ PhD / MPhil / Masters by Research qualifications: abstract of thesis, which includes research methods.

First Aid Certificate

- ☐ Proof of completion and details of the topics included for your current First Aid Certificate.
-

PROFESSIONAL EMPLOYMENT

- ☐ Colour scans of employment verification letter(s) from your employer(s) for each period of professional experience claimed.
 - ☐ Colour scans of your most recent payslips, or taxation records, or bank statements, or employment-linked insurance for each period of professional experience claimed.
 - ☐ If you are / were self-employed / sole trader: please provide coloured scans of as many official and verifiable documents as possible. This must include at least two (2) client testimonials indicating your primary tasks and responsibilities in carrying out your business. Other documents can include business registration details, evidence of business activity statements, client invoices, bank statements and official taxation evidence.
-

PROFESSIONAL REGISTRATION / LICENSURE (if applicable)

- ☐ Colour scans of official documents for each professional license or registration.
-

PROFESSIONAL MEMBERSHIP (if applicable)

- ☐ Colour scans of official documents for each professional membership.
-

AGENT / REPRESENTATIVE DECLARATION (if applicable)

- ☐ Your agent has signed the declaration.
-

PAYMENT INFORMATION

- ☐ Completed payment information.
-

APPLICANT DECLARATION

- ☐ You, the applicant, have carefully read and signed the 'Applicant Declaration' section **in ink**.

INCOMPLETE & INCORRECT APPLICATIONS CANNOT BE PROCESSED