



# AUSTRALIAN INSTITUTE OF MEDICAL AND CLINICAL SCIENTISTS

## APPLICATION FOR SKILLS ASSESSMENT

Medical Laboratory Scientist (ANZSCO 234611) Specialisation: IVF Embryologist

Applicants are advised to read the [GUIDELINES for APPLICATION FOR SKILLS ASSESSMENT](#) 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: Male ☐ Female ☐ Other ☐  
DD MM YYYY

Are you currently living in Australia? Yes ☐ No ☐

Do you authorise an agent or other person to act on your behalf regarding this application?  
No ☐ Yes ☐ If **Yes**, complete 'Section 7 Agent / Representative Declaration'

### 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 3. 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.

**Note:** Graduates of [AIMS Accredited Degrees](#) **do not** need to supply syllabus / unit descriptions.

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 3. TERTIARY EDUCATION (CON'T)

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.

**Note:** Graduates of [AIMS Accredited Degrees](#) **do not** need to supply syllabus / unit descriptions

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 4. PROFESSIONAL EMPLOYMENT

Provide a summary of your relevant postgraduate professional experience over the last ten (10) years, including at least two (2) years (full time or part-time equivalent) in the laboratory of a **fully registered and accredited IVF clinic**.

- Provide details and employment verification letters for all relevant employment. Email a **colour** scan of the letter with your application form.

Please check that you meet the below requirements:

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

- A colour scan of evidence of registration and/or accreditation of the IVF clinic from an appropriate state or governing body
- Provide evidence of employment by emailing a colour scan of a letter of verification from each employer.

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.

### 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: .....

Is the employer a fully registered and accredited IVF clinic?      Yes ☐      No ☐

Employer Business Name: .....

Employer Address Line 1: .....

Line 2: .....

Suburb / City: .....

State & Postcode: .....

Country: .....

#### SECTION 4. PROFESSIONAL EMPLOYMENT (CON'T)

Provide a summary of your relevant postgraduate professional experience over the last ten (10) years, including at least two (2) years (full time or part-time equivalent) in the laboratory of a **fully registered and accredited IVF clinic**.

- Provide details and employment verification letters for all relevant employment. Email a **colour** scan of the letter with your application form.

Please check that you meet the below requirements:

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

- A colour scan of evidence of registration and/or accreditation of the IVF clinic from an appropriate state or governing body
- Provide evidence of employment by emailing a colour scan of a letter of verification from each employer.

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.

#### EMPLOYMENT (2)

Position Title: .....

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

Employed:        Full-Time ☐    or    Part-Time ☐

Average weekly hours worked: .....

Is the employer a fully registered and accredited IVF clinic?    Yes ☐    No ☐

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 5. TRAINING

Provide a summary of your training / assessment as an IVF Embryologist in the laboratory of a fully registered and accredited IVF clinic.

(See 'Application for Skills Assessment Guidelines' for Document Certification Requirements)

**Include with your application:**

- Colour scans of comprehensive training records that include details of all procedures assessed including dates of commencement and completion of training / assessment.
- In addition, provide evidence of your training by emailing a colour scan of a training verification letter for your training from each place of training.

The training verification letter must meet the following requirements:

- Include the date of completion of training / assessment as an IVF embryologist (day, month and year).
- The letter should include a summary of procedures in which the applicant was assessed as competent.
- The letter must have the name of the facility where training was conducted and be on company letterhead that has the full business street address.
- Must be signed and dated by the Scientific Director or Laboratory Manager (or equivalent) and have the full name and position title of the signatory listed under their signature.

**TRAINING / ASSESSMENT (1) - Most relevant training / assessment**

Type of training / assessment:

Training Start Date:      /      /      Completed Date:      /      /

*DD      MM      YYYY      DD      MM      YYYY*

**Length of time involved** (e.g., years, months, weeks, hours):

Is the training facility a fully registered and accredited IVF clinic? Yes ☐ No ☐

Name of the facility where the training was conducted:

Employer Address Line 1:

Line 2:

Suburb / City:

State & Postcode:

Country:

## SECTION 5. TRAINING (CON'T)

Provide a summary of your training / assessment as an IVF Embryologist in the laboratory of a fully registered and accredited IVF clinic.

(See 'Application for Skills Assessment Guidelines' for Document Certification Requirements)

**Include with your application:**

- Colour scans of comprehensive training records that include details of all procedures assessed including dates of commencement and completion of training / assessment.
- In addition, provide evidence of your training by emailing a colour scan of a training verification letter for your training from each place of training.

## TRAINING / ASSESSMENT (2)

Type of training / assessment:

Training Start Date:      /      /      Completed Date:      /      /

*DD      MM      YYYY      DD      MM      YYYY*

**Length of time involved** (e.g., years, months, weeks, hours):

Is the training facility a fully registered and accredited IVF clinic? Yes ☐ No ☐

Name of the facility where the training was conducted:

Employer Address Line 1:

Line 2:

Suburb / City:

State & Postcode:

Country:

## Additional Training

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



## SECTION 6. PROFESSIONAL REGISTRATION / LICENSURE AND MEMBERSHIP

### Professional Registration / Licences (if applicable)

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

#### REGISTRATION 1.

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 registration or licence with the professional body (i.e., email or online verification system)?

.....  
Include **colour** scans of evidence of registration / licence.

#### REGISTRATION 2.

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 registration or licence with the professional body (i.e. email or online verification system)?

.....  
Include **colour** scans of evidence of registration / licence.

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 Professional Organisations (if applicable)

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

1. Professional Organisation Name: .....

Membership Title / Category: .....

Current ☐ or Date finished:        /        /         
DD MM YYYY

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

2. Professional Organisation Name: .....

Membership Title / Category: .....

Current ☐ or Date finished:        /        /         
DD MM YYYY

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

## SECTION 7. AGENT / REPRESENTATIVE DECLARATION

If applicable, provide the details of a migration agent or other person acting on behalf of the applicant.

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

YES ☐ or NO ☐

If YES, you must complete the section below 'Applicant's Authorisation for an Agent / Representative' and the agent / representative must complete and sign the 'Agent's / Representative's Declaration'

### Applicant's Authorisation for an Agent / Representative

#### 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 8. 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](http://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 9. 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](http://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 and supporting documentation; and
  - (b) verified the claims of education, employment, training, and professional registration, licensure, or membership, that I have made in this application; and
  - (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.

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### 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.

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### 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**.

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### 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](mailto: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 syllabus / unit descriptions issued by the institution of all **relevant** subjects undertaken as part of your tertiary qualification.

**Note:** Graduates of [AIMS Accredited degrees](#) **do not** need to supply a syllabus / unit descriptions.

**Thesis Abstract:**

- ☐ PhD: abstract of thesis, which includes research methods, must accompany a certified copy of completed PhD testamur or statement of completion.

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**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 payslip/s for each period of professional experience claimed.

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**TRAINING**

- ☐ Evidence of registration and/or accreditation of the IVF clinic from appropriate state or governing body e.g., certificate of registration, registration number, name and address of accrediting body.
- ☐ Colour scan of training records that include details of all training and procedures assessed
- ☐ Colour scan of training verification letter(s) from your trainer(s) for each period of training.
- ☐ Colour scan of internship statement (if applicable). Colour scans of employment verification letter(s) from your employer(s) for each period of professional experience claimed. Colour scans of your most recent payslip/s for each period of professional experience claimed.

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**PROFESSIONAL REGISTRATION / LICENSURE (if applicable)**

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

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**PROFESSIONAL MEMBERSHIP (if applicable)**

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

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**AGENT / REPRESENTATIVE DECLARATION (if applicable)**

- ☐ Your agent has signed the declaration.

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**PAYMENT INFORMATION**

- ☐ Completed payment information.

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**APPLICANT DECLARATION**

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