# AUSTRALIAN INSTITUTE OF MEDICAL SCIENTISTS

## APPLICATION FOR SKILLS ASSESSMENT

Medical Laboratory Scientist (ANZSCO 234611)
Medical Laboratory Technician (ANZSCO 311213)

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 on the last page of this form.

## SECTION 1. PERSONAL INFORMATION

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<th>Preferred title</th>
<th>Dr ☐</th>
<th>Ms ☐</th>
<th>Mrs ☐</th>
<th>Mr ☐</th>
<th>Other ☐</th>
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## PRIMARY AND SECONDARY EDUCATION DETAILS

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<th>Number of years you were at secondary school</th>
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**Note:** Do not include documentary proof or course transcripts of your primary and secondary education.

## SECTION 2. ENGLISH LANGUAGE ASSESSMENT

Attach a certified copy of a valid English proficiency test report. *(See ‘Application for Skills Assessment Guidelines’ for Document Certification Requirements.)*

- 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 years from the test date.

AIMS will accept the following English language test reports:

- **IELTS** (General or Academic) - overall band score of 7.0 or higher.
- **TOEFL** - 95 points or higher.
- **Pearson PTE Academic** - 65 points or higher. Must be submitted in certified copy (hardcopy) of your Test Taker Report and if taken before 1 April 2019 then also submit the report online to the Australian Institute of Medical Scientists. [Online submission](#) instructions are on the AIMS website.
- **OET** - B grade or higher in every band or a minimum score of 350 or higher in every band. 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 hardcopy and online to AIMS. Instructions can be found on the [OET website](#).

**Date of test:**

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**Testing authority** (Select from an English language testing authority listed below)

- ☐ IELTS  ☐ Attach certified copy of test report.
- ☐ TOEFL  ☐ Attach certified copy of test report.
- ☐ OET  ☐ Attach a copy of your downloaded online Statement of Results report.
  and also  ☐ submit online copy to AIMS. Instructions can be found on the [OET website](#).

- ☐ Pearson PTE Academic
  ☐ Attach certified copy of test report.
  and also  ☐ if your Test Taker Report was issued before 1 April 2019 then also submit an online copy to AIMS.

**PTE Online submission instructions:**

- Log on to your account by visiting [www.vue.com/pte](http://www.vue.com/pte) and sign in.
- Once logged in, click "Send Scores".
- Type Australian Institute of Medical Scientists in the Institution/Organization/Department/School field.
- Click "Search".
- Tick the box next to our name when it appears in the list.
- Scroll down the page and then click "Next" and then "Next" again to confirm.
SECTION 3. TERTIARY EDUCATION

Provide details for all tertiary level educational qualifications you have completed. See ‘Application for Skills Assessment Guidelines’ for Document Certification Requirements.

For each qualification you must attach:

- certified copy of the Certificate/Testamur or a Statement of Completion issued by the institution, and
- certified copy of the complete official academic transcript issued by the institution, and
- syllabus/unit description issued by the institution of all relevant subjects undertaken as part of your tertiary qualification (a certified copy is not required of your syllabus/unit descriptions).

If you have completed a PhD you must attach:

- certified copy of your completed PhD Certificate/Testamur or a Statement/Letter of Completion issued by the institution, and
- an abstract of your thesis which includes your research methods (a certified copy is not required of your abstract).

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<td>Normal length of full-time course:</td>
<td>Years .........................</td>
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<td>Length of time you took to complete the course:</td>
<td>Years .........................</td>
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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 (CONT.)

For each qualification you must attach:

- certified copy of the Certificate/Testamur or a Statement of Completion issued by the institution, and
- certified copy of the complete official academic transcript issued by the institution, and
- syllabus/unit description issued by the institution of all relevant subjects undertaken as part of your tertiary qualification (a certified copy is not required for your syllabus/unit descriptions).

If you have completed a PhD you must attach:

- certified copy of your completed PhD Certificate/Testamur or a Statement/Letter of Completion issued by the institution, and
- an abstract of your thesis which includes your research methods (a certified copy is not required of your abstract).

TERTIARY EDUCATION - QUALIFICATION (2)

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<td>Normal length of full-time course:</td>
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<td>Length of time you took to complete the course:</td>
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<td>Was a period of compulsory practical or clinical experience a requirement of the course?</td>
<td>Yes* ☐</td>
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*If yes, length of time involved e.g. years, months, weeks or semesters ………………………………

Additional Qualifications

If you have additional qualifications that you wish to include, please make a copy of this page, complete the information and attach appropriate certified documents as detailed above.
SECTION 4. 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 or HR Officer and the full name and position title of the signatory must be listed under their signature.

If you are/were a self-employed/sole trader: please provide certified copies of as many official and verifiable documents as possible. Include at least two certified 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.

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Start date       Finish date      or * Current employed

Employed Full-time ☐ or Part-time ☐

Average weekly hours worked

Employer Business Name

Employer Address Line 1

Employer Address Line 2

Suburb/City

State & Postcode

Country

* (Letters must be dated by the author for verification of current employment.)
SECTION 4. PROFESSIONAL EMPLOYMENT (CONT.)

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.

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☐ 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 or HR Officer and the full name and position title of the signatory must be listed under their signature.

If you are/were a self-employed/sole trader: please provide certified copies of as many official and verifiable documents as possible. Include at least two certified 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 _____ / _____ / _______ or * ☐ Currently employed

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 Employment

If you have additional employment experience that you wish to include, please make a copy of this page, complete the information, and attach appropriate certified documents as detailed above.
### SECTION 5. 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  
- _____ / _____ / _______

- Attach certified copies of evidence of registration/licence.

**REGISTRATION 2.**

Name of registration or licensure body  
- ________________________________________________________________  

Country  
- ________________________________________________________________  

Date started  
- _____ / _____ / _______  

Current ☐ or  
- Date finished  
- _____ / _____ / _______

- Attach certified copies of evidence of registration/licence.

Have you ever been refused professional membership, license, or registration, or had professional membership, license, or registration revoked?  
- No ☐  
- Yes ☐ *(if yes, give details)*

### MEMBERSHIPS 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  
- _____ / _____ / _______  

2. **Professional Organisation Name**  
- ________________________________________________________________  

- Membership Title/Category  
- ________________________________________________________________  

- Current ☐ or  
- Date finished  
- _____ / _____ / _______
**SECTION 6. 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 ☐

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**APPLICANT’S AUTHOURISATION FOR AN AGENT/REPRESENTATIVE**

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**AGENT’S/REPRESENTATIVE’S INFORMATION**

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<td>………………………………………………………………………………………….……………………………………………………………………….…………………</td>
</tr>
</tbody>
</table>

**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: ………../………../………..

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

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**SECTION 7. SKILLS ASSESSMENT RESULTS LETTER**

Please select one option:

☐ Courier: applicant or agent will arrange and pay for a courier service.

OR

☐ Post: AIMS will post the letter using Express Post (within Australia) or International Standard Post (overseas).
**SECTION 8. PAYMENT INFORMATION**

Payment **must** be in Australian dollars and all payments are **non-refundable**.
Do NOT send cash. AIMS is not responsible for the loss of cash sent by post.

Please refer to 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.

Select Payment method:

- ☐ Cheque / Money Order / Draft
  - Cheques or drafts must be in Australian currency, drawn on an Australian bank and free of all charges
  - Made payable to Australian Institute of Medical Scientists.

- ☐ Online Payment
  - *AIMS Invoice No. …………………………………………. …………
  - *When you have paid, you will receive an “Invoice No.”

- ☐ Visa ☐ MasterCard
  - Complete section below.

**Credit Card:** ☐ Visa ☐ MasterCard

Card No:  

Card Expiry Date ______ / ______  CVV Number ________

Cardholder Name: ___________________  Cardholder Signature: ___________________  

(As it appears on the card)

(Office Use Only)

**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 or validation 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 attached documents.

- AIMS reserves the right to provide your assessment status to relevant third parties, however, your personal details will remain confidential. To view our 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 received complete and correct information, documentation, and payment, my application cannot proceed to assessment.

Applicant’s Signature: ___________________________________________ Date: _______/ _______/ _______

**COMPLETE THE CHECKLIST (OVER THE PAGE) BEFORE SUBMITTING YOUR APPLICATION.**
SECTION 10. CHECKLIST  Please check the box for each item; incorrect or incomplete applications cannot be processed.

Please refer to the GUIDELINES for APPLICATION FOR SKILLS ASSESSMENT Medical Laboratory Scientist (ANZSCO 234611) Medical Laboratory Technician ANZSCO 311213.

Certified Copies Of Your Supporting Documents:
- ☐ Read the AIMS rules on our website to ensure you submit correctly certified copies of your supporting documents.
- ☐ In Australia: Documents must be certified by a Justice of the Peace or a Notary Public.
- ☐ In a country other than Australia: Documents must be certified by a Notary Public or an official of an Australian Embassy or Consulate.

Translations Of Your 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, certified copies of original documents must be included in addition to the certified copy of the translation.

Your Application must include:
- ☐ Certified colour copy of the bio-data page of your valid passport or identification card.
- ☐ One (1) passport sized photograph, write and sign your name on the back.
- ☐ Certified copy of your proof of change of name (if applicable) such as a marriage certificate or name change registration.
- ☐ Certified copy of English proficiency test report, dated within the 3 years.
  AIMS accepts IELTS (Academic or General), TOEFL, *OET, or *Pearson PTE Academic.
  * ☐ If OET or Pearson PTE Academic, the Test Report must also be submitted to AIMS online.

TERTIARY EDUCATION. For each qualification you must attach:
- ☐ A certified copy of your certificate/testamur or statement of completion.
- ☐ A certified copy 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.
- ☐ A syllabus/unit description issued by the institution of all relevant units undertaken as part of your tertiary qualification.
  A certified copy is not required for your syllabus/unit descriptions.
- ☐ PhD: abstract of thesis, which includes research methods, must accompany a certified copy of your completed PhD testamur or statement of completion.

PROFESSIONAL EMPLOYMENT
- ☐ Certified copy of employment verification letter(s) from your employer(s) for each period of professional experience claimed.
- ☐ If you are/were self-employed/sole trader: please provide certified copy of as many official and verifiable documents as possible. This must include at least two certified 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 MEMBERSHIP / REGISTRATION / LICENSURE (if applicable)
- ☐ Certified copies of official documents for each professional membership, license, or registration provided for this application.

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.

Checklist completed
- ☐ Please include this checklist with your application.

INCOMPLETE & INCORRECT APPLICATIONS CANNOT BE PROCESSED