



# Australian Immigration and Citizenship Centre

Suite 42B, 15-23 Langhorne Street  
Dandenong VIC 3175 AUSTRALIA

Phone: +61 419 110 770

Fax: +61 3 9793 6520

## SKILLED MIGRATION QUESTIONNAIRE

### INSTRUCTIONS

Print this form, write your details, sign form, then fax or mail to address above

#### Section 1: Personal Details

Surname	First Name	
Date of Birth (dd/mm/yyyy)	Country of Birth	
Postal Address	Home Telephone +63	Cell Phone +63
City/Province	Work Telephone	Fax
Postal/Zip Code	Country Philippines	E-mail

Full Names of Dependents	Date of Birth (dd/mm/yyyy)	Relationship (eg.Wife/Son/Daughter)

Do you have a serious health problem? No  Yes  If yes, give details

Do you have criminal record? No  Yes  If yes, give details

#### Full Details of your Education History (most recent first)

Name of ALL Qualifications Obtained examples: BS Nursing, High School Diploma	Name of School/College/University	Country	Period of Study From (mm/yyyy) To (mm/yyyy)

Do you have a current Professional Registration? No  Yes  If yes, give details Expires (dd/mm/yy)

#### Full Details of your Current Employment, Employment History and Training (most recent first)

Period of Employment/Training From (mm/yyyy) To (mm/yyyy)	Name & Address of Employer/Trainer	Business Conducted By Employer/Trainer	Brief Description Of Duties/Training

Australian Job offer received? No  Yes  If yes, give details

Do you have a current Australian Visa? No  Yes  If Yes, which visa Expires (dd/mm/yy)

English language proficiency? Fluent  Medium  Limited

Have you done an IELTS exam in the last year? No  Yes  If Yes, Academic  General

If Yes, please state scores: Reading Writing Listening Speaking Overall Band Score

Do you have a qualification (Translator, Teacher, etc.) demonstrating Professional Language Skills in any language? No  Yes

If Yes, please state qualification(s) and language(s)

**Section 2: Spouse Details (if you don't have a spouse, go to Section 3)**

Surname		First Name	
Date of Birth (dd/mm/yyyy)		Country of Birth	
Postal Address		Home Telephone +63	Cell Phone +63
City/Province		Work Telephone	Fax
Postal/Zip Code	Country	E-mail	

Do you have a serious health problem? No  Yes  If yes, give details

Do you have criminal record? No  Yes  If yes, give details

**Full Details of spouse's Education History (most recent first)**

Name of ALL Qualifications Obtained Examples: BS Nursing, High School Diploma	Name of School/College/University	Country	Period of Study From (mm/yyyy) To (mm/yyyy)

Do you have a current Professional Registration? No  Yes  If yes, give details Expires (dd/mm/yy)

**Full Details of spouse's Current Employment, Employment History and Training**

Period of Employment/Training From (mm/yyyy) To (mm/yyyy)	Name & Address of Employer/Trainer	Business Conducted By Employer/Trainer	Brief Description Of Duties/Training

Australian Job offer received? No  Yes  If yes, give details

Do you have a current Australian Visa? No  Yes  If Yes, which visa Expires (dd/mm/yy)

English language proficiency? Fluent  Medium  Limited

Have you done an IELTS exam in the last year? No  Yes  If Yes, Academic  General   
 If Yes, please state scores: Reading Writing Listening Speaking Overall Band Score

Do you have a qualification (Translator, Teacher, etc.) demonstrating Professional Language Skills in any language? No  Yes   
 If Yes, please state qualification(s) and language(s)

**Section 3: Do you have any close Relatives in Australia? No  Yes**

Full Name of Relative

Relationship to Applicant (eg. Sister/Son/Uncle)

Date when Citizenship was obtained (dd/mm/yyyy)

Date when Residency was obtained (dd/mm/yyyy)

Postal Address of Relative in Australia

Telephone number(s) of Relative in Australia

Has the Relative had ongoing employment in Australia for the last 2 years (including self-employment)? No  Yes

I hereby confirm that the above information is true and correct. Yes  **Signature of Applicant (sign paper copy only)**