

COVERSHEET: Request for RCB Assessment of SESR Nomination
Please note, you MUST complete this Form in full.

EMPLOYER

Business Name: _____

Trading Name: _____

ABN: _____

Street Address: _____

Postal Address: _____

Phone: _____ Fax: _____

Name of Nominator: _____ Position of Nominator: _____
(Employers representative)

Contact Officer's Name: _____

Contact Phone Number: _____ Mobile: _____

EMPLOYEE

Name of Nominee: _____

Date of Birth: _____ IELTS Score: _____

Country of Origin: _____

Current VISA: _____ Date of Expiry: _____

POSITION

Nominated Position: _____

ANZSCO Code: _____

Base Salary: *(excluding super)* \$ _____ Total Package: \$ _____

Name of Migration Agent: _____ FORM 956 included

Name of Migration Company: _____

COMMENTS