

Skills assessment for the purpose of migration

Aeroplane/Helicopter

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Download this form before you begin

Please download and complete with Adobe Acrobat. If you are using a browser to complete this form you may lose your information. Send this form and any attachments to applications@casa.gov.au.

Purpose of this form

This form is used by individuals to apply for a Skills assessment for the purpose of migrating to Australia.

Who is this form for?

This form is for individuals who hold a CASA Part 61 Commercial or Air Transport Pilot licence for the purpose of applying for a visa through the Department of Immigration and Border Protection.

Information needed to complete this form

CASA can only issue a skills assessment to aeroplane and helicopter pilots, who hold a relevant Australian flight crew licence and a Class 1 medical certificate which would enable them to obtain employment in the Australian aviation industry as a professional pilot. This requirement means applicants must hold either a Commercial Pilot Licence (CPL) or an Air Transport Pilot Licence (ATPL) that has been issued by CASA. You must have completed an Aviation security background check and passed and not been found adverse, to exercise the privileges of the flight crew licence.

Applicants **who do not hold** a relevant Australian flight crew licence authorisation will need to convert their relevant foreign flight crew licence qualifications to the Australian equivalent. Conversion to an Australian flight crew licence will normally require applicants to travel to Australia and undergo written examinations, aviation security background checks, a medical assessment and flight tests. Details of how to convert a foreign licence to an Australian licence can be found on CASA's website.

Upon receipt of your skills assessment application, CASA will assess and determine if your qualifications are suitable to engage in professional employment. CASA may contact referees and past/current employers you have disclosed to verify information supplied in this form in relation to professional piloting experience.

The Skilled migration scheme requires evidence that you have experience in the professional piloting role for which you may

be seeking employment to be eligible under a Skilled migration scheme. The professional piloting experience must also immediately precede the date of submission of the skills assessment application.

Aviation Reference Number (ARN)

An ARN is required to complete this form. If you do not have an ARN, apply now.

Contact details

It is important the contact details on the ARN profile are current. CASA uses these contact details when processing this application.

If your address, contact or other details have changed, you must update them prior to lodging this form. You can do this by <u>changing your</u> details on the CASA website.

Failure to provide up to date contact details to CASA could result in additional fees being charged under the *Civil Aviation (Fees)*Regulations 1995 and may constitute a criminal offence.

For more information

Go to the CASA website or contact us.

Applicant

What are the applicant details?

If your address, contact or other details have changed, you must update them using <u>changing your details</u>.

Full name

ARN

Phone number

Email address

2 Are you the **primary contact person** for this application?

No

→ Go to 3

Yes

→ Go to 4

Contact person

3 What are the contact person details?

Contact details will be used for this application only, including any questions.

Full name

Position (Agent, Secretary)

Phone number

Email address

4 What are you **applying** for (select one)?

Aeroplane

→ Go to 5

Helicopter

→ Go to 6

Aeronautical experience

5 What is your **aeroplane experience** (enter all hours)?

Day

Type of experience	Actual hours
Dual	
Co-pilot	
ICUS (In command under supervision)	
PIC (Pilot In Command)	

Night

Type of experience	Actual hours
Dual	
Co-pilot	
ICUS (In command under supervision)	
PIC (Pilot In Command)	

→ Go to 7

What is your **helicopter experience** (enter all hours)?

Day

Type of experience	Actual hours
Dual	
Co-pilot	
ICUS (In command under supervision)	
PIC (Pilot In Command)	

Night

Type of experience	Actual hours
Dual	
Co-pilot	
ICUS (In command under supervision)	
PIC (Pilot In Command)	

7 What is your **other aeronautical experience** (enter all hours)?

Instrument flight time Instrument ground time Instructor Flight Time Single Engine Instructor Flight Time Multi Engine

Employment experience

Have you had post-qualification professional piloting experience using the flight crew qualifications for which you are seeking assessment?

The professional piloting experience must also immediately precede the date of submission of the skills assessment application before CASA will consider your application.

No You cannot apply for a Skills Assessment for migration at this time

Yes → Go to 9

9 Provide evidence of the relevant work and operational experience in the fields below.

For each area of work or experience, you must provide documentation to support your experience. This may include letters from your employers that confirms your relevant piloting experience and copies of log book entries that support your application.

This area has been intentionally left blank





10 l declare:

- All statements in this application are true and correct.
- I give permission to my current and/or past employer/s noted in question 9 to provide CASA with information in relation to my prospective employment.
- I hold the relevant CASA Part 61 FCL, Medical certificate and Aviation security background check.

I acknowledge by providing my details below and submitting this application:

- I may commit an offence under the Criminal Code Act 1995 if I make a false or misleading statement in my application.
- We may also use your licensing information in deidentified form for aviation safety research/analysis.

Privacy

Any personal information you provide to CASA, as part of this application, is protected by the Privacy Act 1988.

We will use the information provided to process this application and may also use it to conduct identity/security checks. Without your consent, we may not be able to process your application.

To meet our accountability obligations, we may disclose this information:

- to other government agencies or other national aviation authorities for certain purposes, and
- to comply with court orders and other legal requirements.

For more information about how we use, disclose and protect your personal information, see our privacy statement and privacy policy.

Fees

I accept if this application is withdrawn or refused by CASA, or if CASA is unable to assess this application because I have failed to provide the required information and/or documentation, I am liable to pay CASA fees for work conducted.

- I declare and acknowledge the above matters.
- I consent to CASA using my licensing information and other personal information for the above purposes.
- I have read CASA's privacy policy and I authorise CASA to use and disclose the information it collects for this application in accordance with that policy.

Full name

Date (DD/MM/YYYY)

Role authority

In what capacity are you making this declaration?

Agent

An authority must be provided if the person making this declaration is **not** the individual or an office holder of the entity named in guestion 1.



Attach authority

Submitting this form to CASA

Choose one option only



By email – send this form with all supporting documents attached to applications@casa.gov.au



By post – return this form and all supporting documents to:

CASA Client Services Centre GPO Box 2005 Canberra ACT 2601

Continue to payment page



12 Application fees

Please select the required fees in this application, the total will be automatically tallied below.

Skills Assessment for the purpose of migration.

Fee Code: 24.8.....\$100

Total:

13 Payment options

OPTION 1 Online payment

Make a secure payment online

Online payments are more secure and also enable CASA to process your request faster. To make a payment go to Secure payment gateway.

After making a payment, enter the online receipt number below.

Provide the online receipt number below:

	0	21	ON	2	Cred	it	card
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I hereby authorise the Civil Aviation Safety Authority to **debit** the following amount from:

Mastercard Visa Total \$

Card number Expiry (MM/YY)

Cardholder name

Signature Date (DD/MM/YYYY)

Receipt options Applicant or Third party (provide details below)

Details of third party

ARN (If applicable) Email

Phone number Legal Entity/ Full name