

# Agent Declaration and Consent Form



Australian  
Nursing & Midwifery  
Accreditation Council

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## APPLICANT INFORMATION

Full Name

Passport Number:

Date of Birth

Email

I take full responsibility for ensuring that no false or misleading information is submitted in this application.

**Applicant  
Signature**

Date

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## AGENT DECLARATION AND CONSENT

Please tick each clause below and sign the declaration if you are a migration agent authorised to act on behalf of an applicant applying for an ANMAC Skills Assessment.

I, \_\_\_\_\_ (Migration Agent full name)

Declare that:

I have been authorised by the above applicant to discuss, request and provide information about this application on their behalf

I understand that providing false or misleading information is an offence and all the information I have provided is true and correct to the best of my knowledge and is as was conveyed to me by the applicant

I understand that the applicant may withdraw this authority at any time

*If applicable:*

I authorise other representatives of  
application on my behalf.

*Company name*

to inquire about this

**Agent  
Signature**

Date

MARN/LPN  
(if applicable)

Company  
(if applicable)