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REFERENCE  
**Please use this form to provide details of any positions you wish to claim as skilled employment for your visa application.   
Where you held different roles with the same organisation or the terms of your employment changed (e.g. hours worked per week), please provide a separate completed template and required attachments for each individual position.**

|  |  |
| --- | --- |
| **APPLICANT DETAILS** | |
| **Full Name** | Click here to enter text. |
| **DETAILS OF COMPANY / ORGANISATION** | |
| **Name of Company/Organisation** (if this was a locum/recruitment agency or similar, please complete with agency details) | Click here to enter text. |
| **Full official address of Company/Organisation** (registered address of organisation, not the practice where you worked) | Click here to enter text. |
| **Contact details of Company/Organisation** (registered office, not the practice where you worked) | **Phone:** Click here to enter text.  **Email:**Click here to enter text. |
| **Period of work**  This must match/be supported by your contract(s) of employment and payslip | **Date Commenced (dd-mon-yy):**  Click here to enter text.  **Date Completed (dd-mon-yy):** Click here to enter text. |
| **Applicant’s position title**  This must match your contract of employment | Click here to enter text. |
| **Number of hours worked per week/fortnight**  This must match your contract of employment | Click here to enter text. |
| **Period of unpaid/study leave**  (If applicable) | **Date Commenced (dd-mon-yy):**  Click here to enter text.  **Date Completed (dd-mon-yy):**  Click here to enter text. |
| **DETAILS OF SCOPE OF WORK** | |
| **Type of setting worked**  (E.g. hospital, private practice, community, etc.) | Click here to enter text. |
| **Cases commonly treated**  (E.g. respiratory, chronic back pain, etc.) | Click here to enter text. |
| **Common treatment approaches used**  (E.g. exercise prescription, manual joint mobilization, hydrotherapy, soft tissue work, etc.) | Click here to enter text. |
| **Equipment commonly used**  (E.g. ultrasound, goniometers, etc.) | Click here to enter text. |
| **DETAILS OF REFEREE** | |
| **Name of referee**  Referee must be a supervisor or manager. | Click here to enter text. |
| **Company contact details of referee** | **Phone:** Click here to enter text.  **Email:** Click here to enter text. |
| **Referee’s position title** | Click here to enter text. |
| **Referee’s relationship to applicant** | Click here to enter text. |
| **Signature of referee** | **Date (dd-mon-yy):**  Click here to enter text. |
| **Signature of applicant** | **Date (dd-mon-yy):** Click here to enter text. |
| **The information in this form MUST be supported by the required attachments. Please see over.** | |

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| **REQUIRED ATTACHMENTS** | |
|  | **Contract(s) of employment**  If you have more than one contract for a particular role, please provide these to cover the entire period (not just your most recent). This must confirm:   * Name of company/organisation * Position title * Start date of employment * Number of hours worked per week |
|  | |
|  | **Last/most recent pay slip**  This must match the end date of your employment, or be the most recent one you have received (if you are still employed in this role) |
|  | |
|  | **Registration to practise covering the period of this role** (unless there is no regulatory body in the country in which this work took place) |

# REFERENCe