

Nomination Obligations to the Australian Capital Territory (ACT)

I (name) (DOB)
of (address)

do solemnly and sincerely declare that:

- The information contained in my application for ACT nomination of a Skilled Migration visa is true and accurate.
- I have read and understand my obligations in relation to ACT residence as provided in the ACT Nomination Guidelines, and my commitment to reside permanently in Canberra is ongoing and genuine.
- *(For applicants who are Canberra residents):* I agree to reside in Canberra during the ACT nomination and visa application process.
 - › I understand that the ACT Government reserves its right to withdraw ACT nomination if, at any time until the visa is granted, they are satisfied that I do not have a genuine commitment to reside in Canberra.
 - › If the ACT nominated skilled migration visa is approved, I agree to reside in Canberra for at least two years from date of visa grant.
- *(For applicants who are overseas):* I have researched relevant employment opportunities in Canberra and am satisfied that there are sufficient employment opportunities in my nominated occupation relevant to my skill set and experience in Canberra. I am aware that Australian labour market conditions may vary significantly as the employment market fluctuates at different times of the year; and from year to year. I understand that I need to be realistic about employment expectations as it can take, on average, six months to secure employment. I understand that I will compete for employment vacancies with all people in the labour market as part of a normal selection process.
 - › If the ACT nominated skilled migration visa is approved, I agree to reside in the ACT for at least two years following the date of my permanent arrival in Australia.
- I will inform the ACT Skilled Migration team when the visa application is decided by Home Affairs and, if travelling from overseas, my expected arrival date in Canberra.
- I agree that ACT nomination is exclusive to the ACT and is NOT transferable to any other Australian state or territory.
- I understand that the ACT will monitor my settlement in Canberra for two years from date of visa grant / permanent arrival and I agree to complete the six monthly settlement surveys for the first two years.
- I have access to enough financial resources to support myself (and any dependents) while securing employment in Canberra if my visa application is successful.
- I understand that the ACT Government is not responsible for finding employment, accommodation or providing a financial incentive to ACT nominated skilled migrants.
- I understand that the ACT Government or employees of the ACT Government are not liable for any inaccuracies or omissions in the information provided to the applicant in the context of their application for ACT nomination.

The information you provide with your application is collected by Skills Canberra, Chief Minister, Treasury and Economic Development, a Directorate of the ACT Government and will be used to assess your ACT nomination application. The information may be shared with the Department of Home Affairs where requested to do so for the purpose of assessing your visa application. If your application is successful, information you provide in settlement surveys will be used to monitor your settlement in Canberra. This information may be shared with the Department of Home Affairs, or affiliated organisations, for the purpose of evaluating visa programs. De-identified information relating to your ACT nomination application or settlement surveys may be used to compile statistical reports for ACT Government internal reporting. This information may be published in media releases or shared with other Government agencies. For more information on the collection of personal information please refer to the [CMTEDD privacy policy](#). Any information submitted by you in and/or with your application and in the settlement surveys which contains personal information will be stored, used and disclosed in accordance with the requirements of the [Information Privacy Act 2014](#).

Signature of applicant: Date:
Name of Witness:
Signature of witness: Date: