**EAST KIMBERLEY CHAMBER OF COMMERCE AND INDUSTRY**

**PO BOX 171**

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**WA 6743**

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**73 754 070 279**

**East Kimberley Designated Area Migration Agreement (EK DAMA)**

**Request for Endorsement Form – 29 March 2022**

IMPORTANT: Please read the ‘EK DAMA Request for Endorsement Information Sheet & Instructions’ and refer to the ‘EK DAMA Occupations and Concessions List’ when completing and submitting this form.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART A – BUSINESS/ENTITY DETAILS** | | | | | | | | | | | |
| 1. Business/entity name | | | | | |  | | | | | |
| 1. Trading name (if applicable) | | | | | |  | | | | | |
| 1. Type of entity (tick those applicable) | | | | | | Company  Sole Trader  Partnership  Trust  Other (please specify) | | | | | |
| 1. Is the business/entity a franchise? | | | | | | Yes  No | | | | | |
| 1. ABN | | |  | | | 1. ACN | | | |  | |
| 1. Business address in East Kimberley | | | | | |  | | | | | |
| 1. Head office address (if different) | | | | | |  | | | | | |
| 1. Postal address (if different) | | | | | |  | | | | | |
| 1. Authorised contact person in business | | | | | |  | | | | | |
| 1. Authorised contact person email | | | | | |  | | | | | |
| 1. Authorised contact person phone | | | | | |  | | | | | |
| 1. If company, name of director/s | | | | | |  | | | | | |
| 1. If Trust, name of trust/ee | | | | | |  | | | | | |
| 1. Business sector (eg. Hospitality/Construction etc) | | | | | |  | | | | | |
| 1. Does the business operate wholly within the Easy Kimberley DAMA designated area? | | | | | | Yes  No  *If NO, in your covering letter provide a brief summary of extent of operations in the EK.* | | | | | |
| 1. Period of time business has operated in EK Designated Area (years/months) | | | | | |  | | | | | |
| 1. Does the business already hold a Subclass 457 or Subclass 482 Standard Business Sponsorship approval? | | | | | | Yes  No  *If yes, please provide a copy. NB. This is not a requirement or prerequisite to access the EK DAMA.* | | | | | |
| 1. Has the business or any of its directors or principals been subject to relevant investigations or audits, resulting in an adverse finding to the business or any associated entities (including previously associated entities), relating to immigration, workplace health and safety, or industrial relations matters, in the last five years? | | | | | | Yes  NO  *If YES attach a statement with detail.* | | | | | |
| 1. Does the business have any current pending immigration matters with the Administrative Appeals Tribunal of the courts? | | | | | | Yes  No  *If YES, provide brief details in covering letter*. | | | | | |
| **PART B – REGISTERED MIGRATION AGENT DETAILS** | | | | | | | | | | | |
| If you have been assisted by a Migration Agent in preparing this request, you must complete this section. Otherwise leave blank. If this section is completed and the form signed, a Department of Home Affairs Form 956 is not required by the EKCCI. | | | | | | | | | | | |
| 1. Registered Migration Agent name | | | | | |  | | | | | |
| 1. Agency name | | | | | |  | | | | | |
| 1. Migration Agent Registration Number (MARN) | | | | | |  | | | | | |
| 1. Agency postal address | | | | | |  | | | | | |
| 1. Agent email address | | | | | |  | | | | | |
| 1. Agent contact phone number | | | | | |  | | | | | |
| **PART C – EK DAMA endorsement request details** | | | | | | | | | | | |
| 1. Is this request in respect of an existing EK DAMA Labour Agreement (eg. for a variation)? | | | | | | Yes  No | | | | | |
| 1. If YES to Q1 above, what date was your existing EK DAMA Labour Agreement signed? | | | | | |  | | | | | |
| 1. If YES to Q1 above what date does your existing EK DAMA Labour Agreement cease? | | | | | |  | | | | | |
| **Using the example below**, complete the following table in respect of each occupation you are seeking to have included in an EK DAMA labour agreement. All fields must be completed for each occupation. Space has been provided for 3 occupations, if you require additional space please provide as a separate attachment or in your covering letter. | | | | | | | | | | | |
| *Occupation name* | | | *Example* | | | *ANZSCO Code* | | | | *654321* | |
| *Number of positions/Year (number/YearX)* | | *TSMIT concession (Type 1/2/No)* | | *English concession (Yes or No)* | | *Age concession (Yes or No)* | | *Visa subclass (482/494/186)* | | | *Proposed salary (p.a.)* |
| *2/year 1* | | *Type 1* | | *No* | | *Yes* | | *482* | | | *$65,000* |
| **Occupation 1:** | | | | | | | | | | | |
| Occupation name | | |  | | | | ANZSCO Code | | |  | |
| Number of positions/Year | TSMIT concession | | | | English concession | | Age concession | | Visa subclass (482/494/186) | | Proposed salary (p.a.) |
|  |  | | | |  | |  | |  | |  |
| **Occupation 2:** | | | | | | | | | | | |
| Occupation name | | |  | | | | ANZSCO Code | | |  | |
| Number of positions/Year | TSMIT concession | | | | English concession | | Age concession | | Visa subclass (482/494/186) | | Proposed salary (p.a.) |
|  |  | | | |  | |  | |  | |  |
| **Occupation 3:** | | | | | | | | | | | |
| Occupation name | | |  | | | | ANZSCO Code | | |  | |
| Number of positions/Year | TSMIT concession | | | | English concession | | Age concession | | Visa subclass (482/494/186) | | Proposed salary (p.a.) |
|  |  | | | |  | |  | |  | |  |
| **PART D – CONDITIONS OF ENDORSEMENT AND OTHER MATTERS** | | | | | | | | | | | |
| 1. You understand and accept that any endorsement by the East Kimberley Chamber of Commerce and Industry is only an endorsement to make a request to the Department of Home Affairs for a Labour Agreement under the EK DAMA and is not an endorsement by East Kimberley Chamber of Commerce and Industry of you or any business or activity you carry on in any other respect, or of the individuals you apply to nominate for a visa under a Labour Agreement. 2. You understand and accept that any endorsement by the East Kimberley Chamber of Commerce and Industry to access the EK DAMA is at the Chamber’s absolute discretion, and that any such endorsement may be revoked in the event that East Kimberley Chamber of Commerce and Industry (in its absolute discretion) is no longer satisfied that you should be able to access overseas workers under the EK DAMA. 3. Revocation of endorsement will be notified to the Department of Home Affairs and you accept that East Kimberley Chamber of Commerce and Industry will not be liable to compensate you for any costs, loss or damage that may arise from such revocation. 4. You attest that the information given in this request for endorsement and any attachments, documents or information provided with or in association with this request for endorsement:    1. is true and correct, and    2. is complete and is not misleading in any respect, and    3. you acknowledge that this information has been relied on by East Kimberley Chamber of Commerce and Industry in considering this request for endorsement. 5. Where a migration agent has been appointed to represent the business, you acknowledge that the request for endorsement, including supporting documents and information, have been provided with your full knowledge and consent. 6. Where a migration agent has been appointed to represent the business, you acknowledge that the East Kimberley Chamber of Commerce and Industry reserves the right to communicate directly with you if considered necessary to facilitate assessment of the merits of the request for endorsement. 7. You will notify East Kimberley Chamber of Commerce and Industry as soon as you become aware that any information or documents provided with this request for endorsement have changed or are no longer true and correct, until a decision is made on any associated Labour Agreement request under the EK DAMA. 8. This request and any endorsement does not:    1. constitute a partnership or joint venture between the parties; or    2. except as expressly provided, make a party an agent of another party for any purpose. 9. If the East Kimberley Chamber of Commerce and Industry must fulfil an obligation to the Department of Home Affairs and the East Kimberley Chamber of Commerce and Industry is dependent on you to be able to do so, then you must do each thing reasonably within your power to assist East Kimberley Chamber of Commerce and Industry in the performance of that obligation. 10. If the employer is constituted by more than one legal entity (such as a partnership or an unincorporated association), each of those legal entities will be jointly and severally liable for the performance of any conditions arising as a result of the endorsement. 11. You agree to provide any and all information required by East Kimberley Chamber of Commerce and Industry to fulfil its obligations under the EK DAMA (including but not limited to, any updated information regarding the business, its workforce and evidence of its ongoing compliance with the obligations under the Labour Agreement) within 28 days of such a request being made. 12. You acknowledge that East Kimberley Chamber of Commerce and Industry may be required, from time to time, to provide information that you have included in this request for endorsement in part or entirety, to the Department of Home Affairs and you consent to this disclosure of information. 13. You acknowledge that you have read and understood the attached information referred to in this document. 14. You acknowledge that you have not relied on any statement or representation (express or implied) made or advice given by or on behalf of the East Kimberley Chamber of Commerce and Industry in entering into the Labour Agreement or taking or failing to take any action in connection with the Labour Agreement. 15. You understand and accept that the East Kimberley Chamber of Commerce and Industry has no liability to you for any costs, loss or damage incurred or suffered by you directly or indirectly arising from or in connection with:     1. your request for or entry into a Labour Agreement; or     2. anything done by you, or on your behalf, relating to the entry into or the performance of the Labour Agreement; or     3. anything done to you relating to the entry into or the performance of the Labour Agreement or work performed by employees employed following entry into the Labour Agreement. 16. You acknowledge that, where the EKCCI endorses your business to access any concessions under the EK DAMA, that this does not abrogate your responsibilities and duties as an employer in respect of any laws and legal responsibilities regarding workplace health and safety and industrial relations, and that the EKCCI accepts no responsibility or lability for any costs or actions arising from abrogation of these responsibilities or duties. | | | | | | | | | | | |
| **PART E – INFORMATION PRIVACY PRINCIPLES ACKNOWLEDGEMENT** | | | | | | | | | | | |
| In accordance with the Australian Privacy Principles (APPs) under the *Privacy Act 1988 (Cth) (Privacy Act)*:   1. You acknowledge on behalf of your business described in Part A of this request for endorsement (“Business”) to access the East Kimberly Designated Area Migration Agreement (“EK DAMA”) DAMA that the collection of the personal information contained in this request for endorsement is necessary for the functions and activities of East Kimberley Chamber of Commerce and Industry (“EKCCI”) in its role as Designated Area Representative (“DAR”) for the EK DAMA; 2. You acknowledge on behalf of your Business that the Business is entitled to have reasonable access to the personal information contained in this request for endorsement after it has been lodged with EKCCI but that EKCCI shall always be entitled to keep the documents provided, and that the EK DAMA requires the EKCCI to keep the documents for a period of at least seven years; 3. You acknowledge on behalf of your Business that EKCCI is collecting the personal information in the Business’ request for endorsement for the following purposes:    1. considering the merits of the request for endorsement;    2. verifying the accuracy of the contents of the request for endorsement (including through contacting third parties regarding the request for endorsement);    3. complying with relevant reporting requirements;    4. compiling statistics (or engaging a third party to compile such statistics);    5. participating in EKCCI surveys; and    6. complying with its obligations to any other Commonwealth or State government agency. 4. In carrying out this purpose you acknowledge and agree on behalf of your Business that EKCCI may disclose the personal information (including sensitive personal information if any) in the Business’ request for endorsement to:    1. Government agencies within the Shire of Wyndham East Kimberley Local Government Area; and    2. Commonwealth Government agencies; and    3. Any other person referred to in your request for endorsement (Third Parties). 5. You acknowledge on behalf of your Business that if you do not sign this request for endorsement or if your Business does not provide the required personal information in its request for endorsement, EKCCI may reject the request for endorsement or choose not to endorse access to the EK DAMA. 6. On behalf of the Business, you authorise the EKCCI to:    1. use the information provided within the request for endorsement to make necessary inquiries with Third Parties to verify claims provided in the request for endorsement;    2. provide the request for endorsement, including supporting documentation, to the Third Parties for further consideration;    3. retain the request for endorsement and supporting documents as per EKCCI policies and standards; and    4. utilise the information provided for data collection and reporting purposes. | | | | | | | | | | | |
| **PART F – DEPARTMENT OF HOME AFFAIRS DECLARATION** | | | | | | | | | | | |
| I declare that:     * I have read and understand the information provided to me in support of this application, including the Terms and Conditions and Privacy Statement. * I am aware of and capable of meeting the relevant requirements and obligations under Migration Legislation. * My business is financially viable and has been lawfully operating in the designated area for at least 12 months. * I have genuinely sought to recruit Australian citizens or permanent residents to fill the positions locally. * I am looking to employ overseas workers to fill genuine full-time positions located in the designated area with duties that align with occupations on the approved list of occupations. * I will provide all relevant details to the Designated Area Representative (DAR) if my business has had any redundancies or retrenchments during the last six months. * I will provide terms and conditions of employment to overseas workers that are in accordance with those offered to Australian workers employed in the region undertaking equivalent work. * I will abide by all relevant State/Territory and Commonwealth laws. I understand there are civil and criminal penalties for individuals and businesses breaching certain laws. * I have provided details of any adverse information, including prior instances of non-compliance with State/Territory and Commonwealth laws, that may affect the assessment of my suitability to be a sponsor. * I will provide all relevant documentation in support of my request for endorsement to the Department of Home Affairs. * I authorise the DAR and Department of Home Affairs to make enquiries as necessary to verify the information provided. * I understand that any false or misleading information provided by me may lead to revocation of endorsement by the DAR and the Department of Home Affairs will be notified. * I understand that a positive DAR endorsement does not guarantee approval by the Department of Home Affairs at any stage. | | | | | | | | | | | |
| **PART H – SIGNATURE SECTION** | | | | | | | | | | | |
| ***NB. Digital signatures are not acceptable. This form MUST be signed by the Business principal or authorised person on the date indicated.*** | | | | | | | | | | | |
| Business/entity principal/authorised person name | | | | | |  | | | | | |
| Position | | | | | |  | | | | | |
| Signature | | | | | |  | | | | | |
| Date signed | | | | | |  | | | | | |
| Witness name | | | | | |  | | | | | |
| Witness position | | | | | |  | | | | | |
| Witness signature | | | | | |  | | | | | |
| Witness date signed | | | | | |  | | | | | |
| **PART G – CHECKLIST** | | | | | | | | | | | |
| *NB. The EKCCI is required to send all supporting information provided to the Department of Home Affairs with the EK DAMA endorsement letter.*   * *All information should be provided as email attachments (or combined into a single document), in PDF format where possible.* * *The EKCCI credit card authority form is the only document not sent to Home Affairs and must be provided as its own attachment.* | | | | | | | | | | | |
| Covering letter, that includes (as a minimum) the information listed in the EK DAMA Information Guide at Part 2, Point 3 on page 5. | | | | | |  | | | | | |
| Organisational chart showing:   * Where requested positions are in the organisation * Numbers/proportion of employees who are Australian citizens or permanent residents, and overseas workers | | | | | |  | | | | | |
| Position description/s | | | | | |  | | | | | |
| Copies of Labour Market Testing information | | | | | |  | | | | | |
| Salary Concessions Summary form (only if seeking a TSMIT Concession). | | | | | |  | | | | | |
| Photos of the Business can be a useful addition for decision-makers | | | | | |  | | | | | |
| EK DAMA credit card authority.  *NB. This must be provided as its own attachment. This not sent to Home Affairs.* | | | | | |  | | | | | |
| **The EKCCI will contact you if any further information is required to make an assessment.** | | | | | | | | | | | |