

SAMPLE FORM

Australian Government

Department of Immigration and Citizenship

Application for a Special Program (subclass 416) visa

Please use a pen, and	write neatly in English using BLOCK LETTERS
Tick where applicable	✓

Do not complete these questions until you have read the information pages at the front of this form. The information pages tell you about the Special Program (subclass 416) visa, eligibility, sponsorship obligations and some of the conditions for holding this visa.

Please enter date as shown, even if you intend to arrive early.

Part A – Visa information \land

1	Intended date of arrival
	(If you are already in Australia,
	tick 'Not applicable')

	DAY	MONTH	YEAR
	15-Ja	n-2014)
	Not app	olicable	7

Which Special Program (subclass 416) visa stream are you applying for?

Special Program of Seasonal Work Cultural enrichment/Community benefit Program

Youth Exchange Program ✓ School to School Interchange Program

School Language Assistant Program

Name of your sponsor/Program

Boston University Sydney Program

Attach a copy of the letter of invitation from the approved Special Program Sponsor.

Please follow sample answers It's best to comple it on a computer

PHOTOGRAPH

Please attach 2 recent photographs of yourself

each person included in your passport and travelling with you.

Part B -Your details

4	Are	VOL	applying	as	a:

Family name

Given names

Visa subclass held

Primary person 🗸 🕨

Go to Question 5

Give details of the primary

person you intend to join

and stay with in Australia

Family member applying separately enter as digits and wishing to join a person who

already holds a visa Note: The Special Program of

Seasonal Work does not allow for family members.

Sex Male Female

YFAR Date of birth

Attach a written statement from the sponsor that they will meet the sponsorship obligations for all applicants included in this application.

Your name should Your full name Family name (your last name) Given names (your first and middle names)

Are you or have you been known by any other name? (including name at birth, previous married names, aliases)

Give details

(Before entering "yes" here, contact cboyer@bu.edu for further instructions.)

If you have been known by other names, give details at Part M

Male

Female



8	Date of birth	14	Do you hold an identity card or identity number issued to you by your government (eq. National identity card)?
	Note: You must be aged between 21 and 45 (if applying for the Special Program of Seasonal Work) or aged between 18 and 30 years (if applying for other Special Programs).		Note: If you are the holder of multiple identity numbers because you are a citizen of more than one country, you need to enter the identity number on the card from the country that you live in.
9	Place of birth		Yes Give details
	Village/town/ city		Identity number (your Social Security #)
	State/province/ district		Country of issue
	Country	15	Your current residential address
10	Relationship status Married Separated Never married or	\	Note : A post office box address is not acceptable as a residential address. Failure to give your residential address will result in your application being invalid.
	Engaged Divorced been in a de facto	((your permanent address)
	De facto Widowed relationship		
(a)			POSTCODE
U	Your present country of citizenship	16	Address for correspondence
			(If the same as your residential address, write 'AS ABOVE')
(12)	Do you hold any other citizenship? No		As above
	Yes ▶ List countries		POSTCODE
		17	Your contact telephone numbers
40			COUNTRY CODE AREA CODE NUMBER (00111) ()
13	Do you have a passport? No Important – You are required to hold a valid passport		Office () ()
	No Important – You are required to hold a valid passport before you can be granted a visa.		Mobile/cell 00111
	Yes Give the following details exactly as they appear in your		WITT
	passport.	18	Do you agree to the department communicating with you by fax, e-mail
	Passport number	1	or other electronic means?
	Country of passport		Yes ✓ ► Give details
	DAY MONTH YEAR		Fax number (AREA CODE) n/a
	Date of issue	7	
	Date of expiry		E-mail address (your e-mail address)
	Place of issue/ issuing authority (or to put	19	Your current occupation
	us Dept. of State)	10	Student
	Note : It is strongly recommended that passports be valid for at least 7 months.		
	If you change your passport after you have been granted the visa you must notify the nearest Australian mission or office of the	I	ورور والمالم المرور النا

Fill out this page with your information.

department.

transport to Australia.

If you do not provide us with the details of any new or additional passport you use to travel to Australia, you may experience significant delays at ports of departure and may be denied permission to board the

Part G – Visa details 20 Proposed period of stay in Australia Note: The dates should be the same dates as given on your letter of invitation. Please enter 15-Jan-2014 01-May-2014 Date If your stay in Australia, including any time already spent in Australia is more than 12 months, you must obtain police clearances for each applicant who is 16 years of age or older. Have you or any other person included in this application previously travelled to or applied to travel to Australia? Yes Give details Full name Class of visa applied for MONTH YEAR Date of issue Place of issue The visa application was/is: Granted Refused Withdrawn Pending Visa label < number Visa grant number (if granted a visa without a label, please provide the 13-digit visa grant number, as shown on the letter notifying the applicant of the grant of the visa) MONTH YEAR DAY Visa expiry date 2. Full name Class of visa applied for MONTH YEAR DAY Date of issue Place of issue The visa application was/is: Granted Refused Withdrawn Pending Visa label V < number

Visa grant number (if granted a visa without a label, please provide the 13-digit visa grant number, as shown on the letter notifying the

MONTH

YEAR

applicant of the grant of the visa)

Visa expiry date

DAY

3.	Full name			
	Class of visa applied for			
	Date of issue	DAY	MONTH YEAR	
	Place of issue	e		
	The visa appl	ication was/is:	Granted	Refused
			Withdrawn	Pending
	Visa label number	V	<	
	the 13-digit v		er, as shown on t	label, please provide he letter notifying the
	Visa expiry da	nte DAY	MONTH YEAR	
4.	Full name			
	Class of visa applied for	DAY	MONTH YEAR	
	Date of issue	DAI	WOMIN TOWN	
	Place of issue	9		=
	The visa appl	ication was/is:	Granted Withdrawn	Refused Pending
	Visa label number	V	<	j rending
	Visa grant nu the 13-digit v	mber (if grante risa grant numb he grant of the	er, as shown on t	label, please provide he letter notifying the
				2
	Visa expiry da	ate DAY	MONTH YEAR	
If in	nsufficient space	re, give details a	at Part M	,

Helpful hint

Even if you enter the exact dates of the program (as you should), your visa will likely be granted for longer, or you can extend it later. So if you want to travel after the program ends, no womies!

Part D - Family members

- 22 Do you have any family members who are being included in this application and:
 - who will accompany you to Australia; or
 - intend to join you in Australia; or
 - · who are in Australia?

Note: The Seasonal Worker Program does not allow for family members.



23 Give details of ALL family members who are included in this application and who will accompany you to Australia, or intend to join you in Australia or who are in Australia

Enter the following details exactly as they appear in their passport.

١.	Family name	
	Given names	i i
	Sex	Male Female
	Date of birth	DAY MONTH YEAR
	Date of biltin	
	Country of birth	XV
	Relationship to the primary person	
	Citizenship	1 20 0
	Passport number	100 00
	Country of passport	:6
		DAY MONTH YEAR
	Date of issue	X
	Date of expiry	
	Place of issue/ issuing authority	
	Current residential a	ddress
		h-
		POSTCODE
_		

Family name	
Given names	
Sex	Male Female
Date of birth	DAY MONTH YEAR
Country of birth	
Relationship to the	
	,
Country of passport	
Date of issue	DAY MONTH YEAR
issuing authority	-
Current residential a	address
•	
	POSTCODE
Family name	· ·
Given names	
Sex	Male Female
	Male Female DAY MONTH YEAR
Date of birth	
Date of birth Country of birth	
Date of birth	
Date of birth Country of birth Relationship to the	
Date of birth Country of birth Relationship to the primary person	
Date of birth Country of birth Relationship to the primary person Citizenship	
Date of birth Country of birth Relationship to the primary person Citizenship Passport number	
Date of birth Country of birth Relationship to the primary person Citizenship Passport number	DAY MONTH YEAR
Date of birth Country of birth Relationship to the primary person Citizenship Passport number Country of passport	DAY MONTH YEAR
Date of birth Country of birth Relationship to the primary person Citizenship Passport number Country of passport Date of issue	DAY MONTH YEAR
Date of birth Country of birth Relationship to the primary person Citizenship Passport number Country of passport Date of issue Date of expiry Place of issue/	DAY MONTH YEAR DAY MONTH YEAR
Date of birth Country of birth Relationship to the primary person Citizenship Passport number Country of passport Date of issue Date of expiry Place of issue/ issuing authority	DAY MONTH YEAR DAY MONTH YEAR
	Sex Date of birth Country of birth Relationship to the primary person Citizenship Passport number Country of passport Date of issue Date of expiry Place of issue/ issuing authority Current residential a

4.	Family name			Part E – Employment or activity details
	Given names		24	What occupation or activity do you propose to undertake in Australia?
	diveri fiames	-	(Educational/academic program.
	Sex	Male Female		1 0
	-	DAY MONTH YEAR	05	
	Date of birth		25	Details of your qualifications, training and skills relevant to your proposed occupation or activity in Australia (include trade or
	Country of birth			professional qualifications)
	Relationship to the primary person		4	N/A
	Citizenship			
	Passport number			
	Country of passport			
	Country or passport	DAY MONTH YEAR		-
	Date of issue			-
	Date of expiry			
	Place of issue/			
	issuing authority			
	Current residential a	address •		If insufficient space, give details at Part M
				Attach a copy of your qualifications and curriculum vitae (CV).
			26	If you will be employed in Australia, give details of the wage/salary or
		POSTCODE		other benefits to be paid in Australia and name and address of the
_	F	5		employer paying your wage/salary
). ₁	Family name			Hours of work N/A per week
	Given names			Wage/salary in Australian dollars AUD N/A per week
	0-	M		Other benefits to be paid N/A
	Sex	Male Female DAY MONTH YEAR		Name of employer
	Date of birth	15.1		N/A
	Country of birth	6		Address N/A
	Relationship to the primary person	. 0		IVA
	Citizenship			POSTCODE
	Passport number			Telephone number (AREA CODE) N/A
	Country of passport			
	odulity of paooport	DAY MONTH YEAR	27	If you will be undertaking an activity, give details of the individual or organisation you will undertake the activity for in Australia
	Date of issue			Name of individual or organisation
	Date of expiry			Boston University Sydney Program
	Place of issue/			Address where the activity will be undertaken
	issuing authority			15-25 Regent Street
	Current residential a	address		Chippendale
				POSTCODE NSW 2008
				Telephone number (AREA CODE 61) 02 8396 7300
		POSTCODE	1	

Fill Section E in as marked.

Part F – Additional information

	Pari F – Additional information 32		es any other person included in this application hold health insurance
28	Are you currently, or have you previously been, an AusAID subsidised		ver for their stay in Australia?
	student or recipient?	No	
	No 🗸	Yes	S Give details
	Yes Attach a copy of the letter of support form the AusAID Minister.	1.	Full name
	IOTH the Ausaid Minister.		Type of health insurance cover
29	Is any other person included in this application currently, or have they		Name of
	previously been, an AusAID subsidised student or recipient?		health insurer
	No 🗸		Period covered by health insurance
	Yes Give the name of each person		DAY MONTH YEAR DAY MONTH YEAR
	1.		Date fromtoto
	2.	2.	Full name
	3.	۷.	Type of health
			insurance cover
	4.		Name of health insurer
	Attach a copy of the letter of support form the AusAID Minister.		
			Period covered by health insurance DAY MONTH YEAR DAY MONTH YEAR
	Part G – Health and character details		Date from to
20	December 11 to 11		
30	Do you hold health insurance cover for your stay in Australia?	3.	Full name
	No		Type of health
	T. Thomas and the second		insurance cover Name of
	insurance cover Medical & mental health coverage		health insurer
	Name of health insurance Services International		Period covered by health insurance
	Ilisul di		DAY MONTH YEAR DAY MONTH YEAR
	Period covered by health insurance		Date from to
	Date from 05-Jan-2014 to 01-May-2014		
	50 50 50 50 50 50 50 50 50 50 50 50 50 5	4.	Full name
	Attach a certified copy of evidence of adequate health insurance		Type of health insurance cover
	(eg. a health insurance certification letter, health insurance schedule or a Medicare card).		Name of
			health insurer
31	Does the health insurance cover any other person included in this		Period covered by health insurance
	application?		Day MONTH YEAR DAY MONTH YEAR Date from to
	No V		Date Hoff
	Yes	If ir	nsufficient space, give details at Part M
	1.		ach a certified copy of evidence of adequate health insurance
	2.	-	n. a health insurance certification letter, health insurance schedule or Medicare card).
	3		•
	4.		

	Attach a certified copy of evidence of adequate health insurance		
	(eg. a health insurance certification letter, health insurance schedule		

In the last 5 years, have you, or any other person included in this application, visited or lived outside your country of passport for more than 3 consecutive months? No	Do you, or any other person included in this application, intend to work, or be a trainee, at a child care centre (including preschools and creches) while in Australia? No Ves Give details
Date from DAY MONTH YEAR DAY MONTH YEAR 2. Full name Country(s) DAY MONTH YEAR DAY MONTH YEAR	Do you, or any other person included in this application, intend to be in a classroom situation for more than 3 months (eg. as either a student, teacher, lecturer or observer)? No Yes Give details
Date from to	Boston University's academic program is 15 weeks long. Have you, or any other person included in this application:
Date from to DAY MONTH YEAR to DAY MONTH YEAR Date from to DAY MONTH YEAR If insufficient space, give details at Part M 34 Do you, or any other person included in this application, intend to enter a hospital or a health care facility (including nursing homes) while in Australia?	 ever had, or currently have, tuberculosis? been in close contact with a family member that has active tuberculosis? ever had a chest x-ray which showed an abnormality? No Yes Five details
while in Australia? No V Yes Silve details To not answer "Yes" to # 34 unless you have confirmed w/ Sydney staff that you will be placed in a hospital.	During your proposed visit to Australia, do you, or any other person included in this application, expect to incur medical costs, or require treatment or medical follow up for:
Do you, or any other person included in this application, intend to work as, or study to be, a doctor, dentist, nurse or paramedic during your stay in Australia? No Yes Give details	 blood disorder; cancer; heart disease; hepatitis B or C and/or liver disease; HIV Infection, including AIDS; kidney disease, including dialysis; mental illness; pregnancy; respiratory disease that has required
Answer#s 33,38 = 39 with your info. If you answer "yes" to any question on this page other than #37, you will be required to fill out additional forms. Contact chayere busedu for more information.	hospital admission or oxygen therapy; other? No Yes Five details

Do you, or any other person included in this application, require assistance with mobility or care due to a medical condition?						
No)					
Ye	s D	Give details				
					1	

Note: You are strongly advised to carry certification of your vaccination status, especially for children attending Australian schools and child care centres (including preschools and creches). Vaccination against polio, tetanus, measles, mumps, rubella, diphtheria, pertussis (whooping cough), Haemophilus influenza hypo B (Hib), and Hepatitis B is recommended for children. Certification may be sought at time of enrolment. Vaccination against Rubella is also recommended for women of child bearing age.

Please contact
cboyerebu.edu if
you plan to answer
"yes" on this page.

Have you, or any other person included in this		
application, ever:		
 been convicted of a crime or offence in any country (including any conviction which is now removed from official records)? 	No	Yes
 been charged with any offence that is currently awaiting legal action? 	No	Yes
 been acquitted of any criminal offence or other offence on the grounds of mental illness, insanity or unsoundness of mind? 	No 🗌	Yes
 been removed or deported from any country (including Australia)? 	No	Yes
 left any country to avoid being removed or deported? 	No 🗍	Yes
been refused a visa for Australia or any other country?	No 🗌	Yes 🗌
 been excluded from or asked to leave any country (including Australia)? 	No 🗌	Yes
 committed, or been involved in the commission of war crimes or crimes 	No 🗍	
against humanity or human rights? • been involved in any activities that would represent a risk to Australian national		Yes
security?	No	Yes
 had any outstanding debts to the Australian Government or any public authority in Australia? 	No 🗌	Yes
 been involved in any activity, or been convicted of any offence, relating to the illegal movement of people to any country (including Australia)? 	No	Yes
served in a military force or state sponsored/private militia, undergone any military/paramilitary training, or been trained in weapons/explosives use	No T	V
(however described)?	No	Yes
If you answered ' Yes' to any of the above questi who it applies to and give ALL relevant details be if the matter relates to a criminal conviction, plea the offence, full details of sentence and date of a imprisonment or other detention.	elow. ase give the	nature of
The second of th		
	, =	
		e e

If insufficient space, give details at Part M

Part H – Assistance with this form

42	No Go to Part I	ee in completing this form? letails of the person who assisted you	
	Title: Mr Mrs	Miss Ms Other	
	Family name	,	
	Given names		
	Address		
		,	
		DOTTODE	
	Telephone number or day	POSTCODE time contact	0
	country of		7
	Office hours ()(
	Mobile/cell		are
43		gistered with the Office of the Migration or of the MARA)?	fill out with your credit card I
	70		24
44	Is the person/agent in Au	stralia?	>
	No Go to Part I Yes		With
45	Did you pay the person/a No Yes	gent and/or give a gift for this assistance?	fill out
	Part I – Option	s for receiving written	
	communication		
46	All written communication (Tick one box only)	ns about this application should be sent to:	
	Myself		
	Authorised recipient OR	You should complete form 956A <i>Appointment</i> or withdrawal of an authorised recipient	
	Migration agent	Your migration agent/exempt person should	
	OR D	complete form 956 Advice by a migration	
	Exempt person	agent/exempt person of providing immigration assistance	

Part J – Payment details

47 How will you pay your application charge? If applying in Australia, debit card or credit card are the preferred methods of payment. Debit cards cannot be used for applications

lodged by mail. If paying by bank cheque or money order please make payable to the Department of Immigration and Citizenship.

If applying outside Australia, please check with the Australian Government office where you intend to lodge your application as to what methods of payment and currencies they can accept and to whom the payment should be made payable.

Bank cheque		
Money order		
Debit card		
Credit card	Give details	below

Paym	ent	by	(tick	one	e bo	x)					Α	ustr	alia	n Do	ollar	S		
Ame Credi	erica		xpre V	ess isa		D	iner	rs Cl	lub CB			AU	D 3	15.	00)]
Cieui	l Ca	IU II	ulli	Dei														
:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	i	:	:	
Expir	√ da	te	Γ	MON	TH	/[YEAF	R										

Cardholder's r	name				
	COUNTR	Y CODE ARE	A CODE	NUMBER	
Telephone number	() ()	\$-	
Address					
			PC	OSTCODE	

Credit card information will be used for charge paying purposes only.

Signature of cardholder

VERY IMPORTANT:

Please call your bank or credit card company to let them know you will be receiving a charge from Anstralia. This can prevent your payment The charge will come from "Dept. of Immigration Hobart"

Part K – Document checklist

 ${\bf 48} \quad \hbox{Attach the following documents (where relevant) to this application. You} \\$ should provide **certified copies** of original documentation. Documents not in English must be accompanied by accredited English translations.

	_	
Tick	1	when completed

Question	Document	Attached?
3	A copy of your letter of invitation from an approved Special Program Sponsor	
4	If applying separately as a family member, a written statement from the sponsor that they will meet the sponsorship obligations for all applicants included in this application	
20	If your stay in Australia, including any time already spent in Australia is more than 12 months, you must obtain police clearances for each applicant who is 16 years of age or older	
25	Copy of your qualifications and/or curriculum vitae	0
30–32	AusAID student or resipient – letter of support form AusAID Minister	
30–32	Certified copy of evidence of adequate health insurance (eg. a health insurance certification letter, health insurance schedule or a Medicare card) for you and any family members listed in this application	
46	If authorising another person, provide either: completed form 956 Advice by a migration agent/exempt person of providing immigration assistance; or completed form 956A Appointment or withdrawal of an authorised recipient	
Reg 416.222C	Evidence of financial capacity to support your stay in Australia (eg. bank statements or a letter from your financial institution stating your financial position). Allowances, accommodation and other assistance can also be considered when looking at your ability to support yourself and any family members	

To establish your identity

You must provide:	
Identity page (showing photo and personal details) of your passport	
Passport size photograph	
Full birth certificate	
Depending on your circumstances, you may also be requi	red to provide
Family Register Document	
Identity card	
Details of any name change (eg. by marriage or deed poll)	
To establish the identity of family members included in application, for each family member	this
You must provide:	
Identity page (showing photo and personal details) of their passport	
Passport size photograph	
Full birth certificate	
Depending on their circumstances, you may also be requir	ed to provide
Marriage certificate	
Family Register Document	
Identity card	
Details of any name change (eg. by marriage or deed poll)	
Evidence if in a de facto relationship	
For a child under 18 years of age, unless both parents are included in this application – documents identifying custody and assess arrangements	
Completed form 47A Details of a child or other dependent family member aged 18 years or over, for each dependant listed in this application who has turned 18 and who is not married or in a de facto relationship with the principal applicant. Form 47A is available form the department's website www.immi.gov.au/allforms/	

Part L – Declaration and consent

WARNING: Giving false or misleading information is a serious offence.

This statement must be signed by the main applicant and each person aged 18 years or over who is included in this application.

I declare that:

- the information that has been provided on this form, and on any attachments to it, is complete and correct in every detail;
- I have read the notes at the front of this application. I am aware of the conditions that may apply and that I am required to abide by them;
- any registration or licensing that is required before I can begin employment in Australia will be my responsibility;
- I am aware that I must advise the Department of Immigration and Citizenship immediately I am aware of a change in circumstances relating to any information I have provided in or with this application;
- I understand that the effect of the 8503 visa condition is that it will
 not be possible for me to apply to remain in Australia beyond the
 authorised period of stay of my visa. I agree to having this
 condition included on any visa issued to me as a result of this
 application;
- I understand that if the 8503 visa condition is imposed on my visa, it will be indicated on the visa label or in documents given to me by the Department of Immigration and Citizenship about the grant of my visa by the condition code '8503'. I acknowledge that this means that the 8503 condition has been imposed on my visa, that I am required to depart Australia on or before the date or time period notified on my visa label or in documents given to me by the Department of Immigration and Citizenship about the grant of my visa and that I understand the restriction that Condition 8503 places on me. I will advise my sponsor (if any) regarding the imposition of the condition to ensure that they understand that such a condition is attached to my visa;
- I understand that if condition 8107 is imposed on my visa, it will be indicated on the visa label or in documents given to me by the Department of Immigration and Citizenship about the grant of my visa by the condition code '8107';
- I acknowledge that where condition 8107 is imposed on my visa, it
 means that my work or activity will be restricted and I understand
 the restriction that condition 8107 places on me;
- I understand that if condition 8501 is imposed on my visa, it will be indicated on the visa label or in documents given to me by the Department of Immigration and Citizenship about the grant of my visa by the condition code '8501';
- I understand that if my visa is granted it may be subject to condition 8501:
- I will respect Australian values as listed on this form, during my stay in Australia and will obey the laws of Australia.

For offshore applicants who are required to provide their fingerprints and facial image:

- I understand that my fingerprints and facial image and my biographical information held by the Department of Immigration and Citizenship may be given to Australian law enforcement agencies to help identify me, to help determine my eligibility for grant of the visa I have applied for, and for law enforcement purposes.
- I consent to:
 - Australian law enforcement agencies disclosing my biometric, biographical and criminal record information to the Department of Immigration and Citizenship for any of the purposes outlined above; and
 - the Department of Immigration and Citizenship using the information obtained for the purposes of the Migration Act 1958 or the Citizenship Act 2007.

	1417 : 271 2
Signature of primary	
person	
Date	DAY MONTH YEAR
Signature of	family members included in this application
Signature	
Name	
Signature	
	V
Name	10 10
Signature	200
Name	
Signature	***
Name	
Signature	
Name	

We strongly advise that you keep a copy of your application and all attachments for your records.

50

Question number	Additional information
	·
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	Transition of the state of the
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If insufficient space, attach additional details.

Make sure to Select "Fit To Page" before you print!

1000 0000	
Office use or	ıly
Decision	Approved Rejected
Reasons for refus	al/comment
	, '
	,
Stream	
Program name	·
Entry	Single Multiple
Conditions	
	DAY MONTH YEAR
Date of entry	Validity Validity
Length of stay	
Signature of	
decision maker	
	DAY MONTH YEAR
Date	MORTH TEAN
Date	/ /