



SAMPLE FORM SPRING 2014

Australian Government
Department of Immigration
and Citizenship

Application for a Special Program (subclass 416) visa

Form
1416

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.

Staple your photos here →

PHOTOGRAPH
Please attach 2 recent photographs of yourself AND each person included in your passport and travelling with you.

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

Part A – Visa information ↑

- 1 Intended date of arrival
(If you are already in Australia, tick 'Not applicable')
- DAY MONTH YEAR
15-Jan-2014
- Not applicable
- 2 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

enter as digits

- 3 Name of your sponsor/Program
- Boston University Sydney Program

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

Part B – Your details

- 4 Are you applying as a:
- Primary person Go to Question 5
- Family member applying separately Give details of the primary person you intend to join and stay with in Australia
- Note:** The Special Program of Seasonal Work does not allow for family members.

Family name

Given names

Sex Male Female

DAY MONTH YEAR
Date of birth

Visa subclass held

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

- 5 Your full name
- Family name (your last name)
- Given names (your first and middle names)
- 6 Are you or have you been known by any other name?
(including name at birth, previous married names, aliases)
- No
- Yes Give details

Your name should appear exactly as it does in your passport.

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

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

- 7 Sex Male Female



Please follow sample form carefully-- we can help you with many answers!
It's best to complete it on a computer if you can.

8 Date of birth DAY MONTH YEAR

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).

9 Place of birth Village/town/city State/province/district Country

10 Relationship status Married Separated Never married or been in a de facto relationship Engaged Divorced De facto Widowed

11 Your present country of citizenship

12 Do you hold any other citizenship? No Yes List countries

13 Do you have a passport? No Important - You are required to hold a valid passport before you can be granted a visa. Yes Give the following details exactly as they appear in your passport. Passport number Country of passport Date of issue Date of expiry Place of issue/issuing authority (ok to put US Dept. of state)

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 department. 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 transport to Australia.

14 Do you hold an identity card or identity number issued to you by your government (eg. National identity card)? 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.

No Yes Give details Identity number (your Social Security #) Country of issue

15 Your current residential address 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.

(your permanent address) POSTCODE

16 Address for correspondence (If the same as your residential address, write 'AS ABOVE')

As above POSTCODE

17 Your contact telephone numbers

COUNTRY CODE AREA CODE NUMBER Home Office Mobile/cell

18 Do you agree to the department communicating with you by fax, e-mail or other electronic means?

No Yes Give details Fax number (AREA CODE) n/a E-mail address (your e-mail address)

19 Your current occupation Student

Fill out this page with your information.

Part C – Visa details

20 Proposed period of stay in Australia

Note: The dates should be the same dates as given on your letter of invitation.

Date from to

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.

21 Have you or any other person included in this application previously travelled to or applied to travel to Australia?

No
Yes Give details

1. Full name
Class of visa applied for
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)
Visa expiry date

2. Full name
Class of visa applied for
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)
Visa expiry date

3. Full name
Class of visa applied for
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)
Visa expiry date

4. Full name
Class of visa applied for
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)
Visa expiry date

If insufficient space, give details 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 worries!

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.

No Go to Part E

Yes

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.

1. Family name

Given names

Sex Male Female

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 issue

Date of expiry

Place of issue/
issuing authority

Current residential address

POSTCODE

2. Family name

Given names

Sex Male Female

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 issue

Date of expiry

Place of issue/
issuing authority

Current residential address

POSTCODE

3. Family name

Given names

Sex Male Female

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 issue

Date of expiry

Place of issue/
issuing authority

Current residential address

POSTCODE

Leave the rest of this page blank.

4. Family name

Given names

Sex Male Female

Date of birth DAY MONTH YEAR

Country of birth

Relationship to the primary person

Citizenship

Passport number

Country of passport

Date of issue DAY MONTH YEAR

Date of expiry

Place of issue/ issuing authority

Current residential address

POSTCODE

5. Family name

Given names

Sex Male Female

Date of birth DAY MONTH YEAR

Country of birth

Relationship to the primary person

Citizenship

Passport number

Country of passport

Date of issue DAY MONTH YEAR

Date of expiry

Place of issue/ issuing authority

Current residential address

POSTCODE

leave blank.

Part E – Employment or activity details

24 What occupation or activity do you propose to undertake in Australia?

Educational/academic program.

25 Details of your qualifications, training and skills relevant to your proposed occupation or activity in Australia (include trade or professional qualifications)

N/A

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 other benefits to be paid in Australia and name and address of the employer paying your wage/salary

Hours of work per week

Wage/salary in Australian dollars per week

Other benefits to be paid

Name of employer

N/A

Address

N/A

POSTCODE

Telephone number

(AREA CODE

) N/A

27 If you will be undertaking an activity, give details of the individual or organisation you will undertake the activity for in Australia

Name of individual or organisation

Boston University Sydney Program

Address where the activity will be undertaken

15-25 Regent Street

Chippendale

POSTCODE NSW 2008

Telephone number

(AREA CODE 61

) 02 8396 7300

Fill Section E in as marked.

Part F – Additional information

28 Are you currently, or have you previously been, an AusAID subsidised student or recipient?

No

Yes Attach a copy of the letter of support form the AusAID Minister.

29 Is any other person included in this application currently, or have they previously been, an AusAID subsidised student or recipient?

No

Yes Give the name of each person

1.
2.
3.
4.

Attach a copy of the letter of support form the AusAID Minister.

Part G – Health and character details

30 Do you hold health insurance cover for your stay in Australia?

No Go to Question 32

Yes Give details

Type of health insurance cover

Name of health insurer

Period covered by health insurance

Date from to

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

31 Does the health insurance cover any other person included in this application?

No

Yes Give the name of each person

1.
2.
3.
4.

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

32 Does any other person included in this application hold health insurance cover for their stay in Australia?

No

Yes Give details

N/A

1. Full name

Type of health insurance cover

Name of health insurer

Period covered by health insurance

Date from to

2. Full name

Type of health insurance cover

Name of health insurer

Period covered by health insurance

Date from to

3. Full name

Type of health insurance cover

Name of health insurer

Period covered by health insurance

Date from to

4. Full name

Type of health insurance cover

Name of health insurer

Period covered by health insurance

Date from to

leave blank

If insufficient space, give details at Part M

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

33 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

Yes Give details

1. Full name

Country(s)

Date from DAY MONTH YEAR to DAY MONTH YEAR

2. Full name

Country(s)

Date from DAY MONTH YEAR to DAY MONTH YEAR

3. Full name

Country(s)

Date from DAY MONTH YEAR 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?

No

Yes Give details

Do not answer "yes" to # 34 unless you have confirmed w/ Sydney staff that you will be placed in a hospital.

35 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

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 cboyer@bu.edu for more information.

36 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

Yes Give details

37 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

Boston University's academic program is 15 weeks long.

38 Have you, or any other person included in this application:

- 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 Give details

39 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:

- 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 hospital admission or oxygen therapy;
- other?

No

Yes Give details

40 Do you, or any other person included in this application, require assistance with mobility or care due to a medical condition?

No

Yes Give details

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 influenzae 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
cboyere@bu.edu if
you plan to answer
"yes" on this page.

41 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 against humanity or human rights? No Yes
- been involved in any activities that would represent a risk to Australian national 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 (however described)? No Yes

If you answered 'Yes' to any of the above questions, you must state who it applies to and give ALL relevant details below.

If the matter relates to a criminal conviction, please give the nature of the offence, full details of sentence and date of any period of imprisonment or other detention.

If insufficient space, give details at Part M

Part K – Document checklist

- 48** 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 when completed

Question	Document	Attached?
3	A copy of your letter of invitation from an approved Special Program Sponsor	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
25	Copy of your qualifications and/or curriculum vitae	<input type="checkbox"/>
30–32	AusAID student or recipient – letter of support form AusAID Minister	<input type="checkbox"/>
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	<input type="checkbox"/>
46	If authorising another person, provide either: <ul style="list-style-type: none"> completed form 956 <i>Advice by a migration agent/exempt person of providing immigration assistance</i>; or completed form 956A <i>Appointment or withdrawal of an authorised recipient</i> 	<input type="checkbox"/>
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	<input type="checkbox"/>

To establish **your identity**

You **must** provide:

Identity page (showing photo and personal details) of your passport	<input type="checkbox"/>
Passport size photograph	<input type="checkbox"/>
Full birth certificate	<input type="checkbox"/>

Depending on your circumstances, you **may** also be required to provide:

Family Register Document	<input type="checkbox"/>
Identity card	<input type="checkbox"/>
Details of any name change (eg. by marriage or deed poll)	<input type="checkbox"/>

To establish the identity of **family members included in this application**, for each family member

You **must** provide:

Identity page (showing photo and personal details) of their passport	<input type="checkbox"/>
Passport size photograph	<input type="checkbox"/>
Full birth certificate	<input type="checkbox"/>

Depending on their circumstances, you **may** also be required to provide:

Marriage certificate	<input type="checkbox"/>
Family Register Document	<input type="checkbox"/>
Identity card	<input type="checkbox"/>
Details of any name change (eg. by marriage or deed poll)	<input type="checkbox"/>
Evidence if in a de facto relationship	<input type="checkbox"/>
For a child under 18 years of age, unless both parents are included in this application – documents identifying custody and assess arrangements	<input type="checkbox"/>
Completed form 47A <i>Details of a child or other dependent family member aged 18 years or over</i> , 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 from the department's website www.immi.gov.au/allforms/	<input type="checkbox"/>

Part L – Declaration and consent

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

- 49** 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.

Signature
of primary
person

Date

DAY MONTH YEAR

Signature of family members included in this application

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

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

