



SAMPLE FORM

Australian Government
Department of Immigration
and Border Protection

Application for a Special Program (subclass 416) visa

Form
1416

SPRING '17

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 Programme (subclass 416) visa, eligibility, sponsorship obligations and some of the conditions for holding this visa.

PHOTOGRAPH

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

Enter the date as shown, even if you plan to arrive early

Part A – Visa information

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

DAY MONTH YEAR
18 / 01 / 2017

Not applicable

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

Special Programme of Seasonal Work

Cultural enrichment/Community benefit Programme

Youth Exchange Programme

School to School Interchange Programme

School Language Assistant Programme

3 Do you have a sponsor who is approved or who has made an application for approval as a special program sponsor?

No **Important** – To apply for this visa a sponsorship application must already be made or approved.

Yes Sponsor name

Boston University Sydney Programs

Organisation name

Boston University

4 Name of the Special Programme Agreement you have been invited to participate in (not required if invited to participate in a School to School Interchange Programme or School Language Assistant Programme)

N/A

Attach a copy of the letter of invitation from the approved special program sponsor.

Part B – Your details

5 Are you applying as a:

Primary person **Go to Question 6**

Family member applying separately and wishing to join a person who already holds a visa Give details of the primary person you intend to join and stay with in Australia

Note: The Special Programme of Seasonal Work does not allow for family members.

Family name

Given names

Sex Male Female

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.

6 Are you currently a holder of a visa?

No

Yes Visa subclass

Visa grant number (13-digit number on last visa grant letter)

Follow sample carefully!

Answer all!!

exactly as shown on passport

7 Give the following details exactly as they appear in your passport
It is strongly recommended that passports be valid for at least 6 months.

Family name

Given names

Sex Male Female

Date of birth DAY MONTH YEAR

Passport number

Country of passport

Nationality of passport holder

Date of issue DAY MONTH YEAR

Date of expiry DAY MONTH YEAR

Place of issue/ issuing authority

- Note:** You must be:
- at least 21 years of age if applying for the Special Programme of Seasonal Work;
 - between 18 and 30 years of age if applying for a School Language Assistant Programme or a Youth Exchange Programme;
 - between 17 and 25 years of age if applying for a School to School Interchange Programme; or
 - aged 18 years or over if applying for any other Special Programme.

8 Place of birth

Village/town/city

State/province/district

Country

9 Relationship status

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

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

No

Yes Give details

11 Are you a citizen of any other country?

No

Yes List countries

12 Do you have other current passports?

No

Yes Give details

Passport number

Country of passport

13 Do you hold an identity card or identity number issued to you by your government (eg. National identity card) *(if applicable)*?

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

Family name

Given names

Type of document

Identity number

Country of issue

14 Name in Chinese Commercial Code Number *(if applicable)*

15 In which country are you currently located?

16 Legal status in your current location

Citizen Student

Permanent resident Work visa

Visitor No legal status

Other Give details

Fill out this page with your info.

17 Your current residential address

Note: A street address is required as a post office box address cannot be accepted.

(Your Permanent Residence)

POSTCODE

Country

18 Address for correspondence

(If the same as your residential address, write 'AS ABOVE')

AS ABOVE

POSTCODE

Country

19 Contact telephone numbers

COUNTRY CODE AREA CODE NUMBER

Home (00111) ()

Office () ()

Mobile/cell

20 Do you agree to the department communicating with you by email and/or fax?

This may include receiving notification of the outcome of this application.

Note: We can communicate about this application more quickly using email and/or fax.

No
Yes Give details

Email address Your E-mail Address

COUNTRY CODE AREA CODE NUMBER

Fax number () ()

Part C – Visa details

21 Proposed period of stay in Australia

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

Date from 18-Jan-2017 to 04-May-2017

Enter exactly

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.

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

No
Yes Give details

Answer

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 V <

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 V <

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 N – Additional information

Leave Blank!

Part D – Family members

23 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 Programme does not allow for family members.

No **Go to Part E**
Yes

check NO

24 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

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 address

2. 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 DAY MONTH YEAR

Place of issue/ issuing authority

Current residential address

POSTCODE

3. 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 DAY MONTH YEAR

Place of issue/ issuing authority

Current residential address

POSTCODE

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 DAY MONTH YEAR

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 DAY MONTH YEAR

Place of issue/ issuing authority

Current residential address

POSTCODE

Leave Blank

Part E – Employment or activity details

25 Your current occupation in your home country
Student

26 What occupation or activity do you propose to undertake in Australia?
Educational/Academic Program

27 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 N – Additional information
Attach a copy of your qualifications and curriculum vitae (CV).

28 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 N/A per week
Wage/salary in Australian dollars AUD N/A per week
Other benefits to be paid N/A

Name of employer
N/A
Address
N/A
POSTCODE
Telephone number (AREA CODE)

29 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

Part F – Additional information

30 Are you currently, or have you previously been, a Foreign Affairs or an AusAID supported student or recipient?
No
Yes Attach a copy of the letter of support from the Foreign Minister

31 Is any other person included in this application currently, or have they previously been, a Foreign Affairs or an AusAID supported student or recipient?
No
Yes Give the name of each person
1.
2.
3.
4.

Attach a copy of the letter of support from the Foreign Minister.

32 Give details of the health insurance cover you have arranged for your stay in Australia
Type of health insurance cover Medical and Mental Health Coverage
Name of health insurer HTH Worldwide
Period covered by health insurance
Date from 18-Jan-2017 to 04-May-2017

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

33 Does this health insurance cover all other persons included in this application?
No Go to Question 34
Yes Give the name of each person
1. N/A
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).

Go to Question 35

Fill in Section E exactly as shown

34 Give details of the health insurance cover that has been arranged for all other persons included in this application

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 / /

If insufficient space, give details at Part N – Additional information
 Attach a certified copy of evidence of adequate health insurance (eg. a health insurance certification letter, health insurance schedule or a Medicare card).

Part G – Health 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.

35 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

← Answer

1. Full name

Country(s)

Date from / / to / /

2. Full name

Country(s)

Date from / / to / /

3. Full name

Country(s)

Date from / / to / /

If insufficient space, give details at Part N – Additional information

36 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

37 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

38 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

39 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.

40 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

41 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

42 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

43 Have you, or any other person included in this application, undertaken a health examination for an Australian visa in the last 12 months?

No

Yes Give details (including HAP ID if available)

★ If you answer "Yes" to any question EXCEPT #39, please contact your Program Manager.

Part H – Character details

44 Have you, or any person included in this application, ever:

- been charged with any offence that is currently awaiting legal action? No Yes
- been convicted of an offence in any country (including any conviction which is now removed from official records)? No Yes
- been the subject of an arrest warrant or Interpol notice? No Yes
- been found guilty of a sexually based offence involving a child (including where no conviction was recorded)? No Yes
- been named on a sex offender register? No Yes
- been acquitted of any offence on the grounds of unsoundness of mind or insanity? No Yes
- been found by a court not fit to plead? No Yes
- been directly or indirectly involved in, or associated with, activities which would represent a risk to national security in Australia or any other country? No Yes
- been charged with, or indicted for: genocide, war crimes, crimes against humanity, torture, slavery, or any other crime that is otherwise of a serious international concern? No Yes
- been associated with a person, group or organisation that has been/is involved in criminal conduct? No Yes
- been associated with an organisation engaged in violence or engaged in acts of violence (including war, insurgency, freedom fighting, terrorism, protest) either overseas or in Australia? No Yes
- served in a military force, police force, state sponsored/private militia or intelligence agency (including secret police)? No Yes
- undergone any military/paramilitary training, been trained in weapons/explosives or in the manufacture of chemical/biological products? No Yes
- been involved in people smuggling or people trafficking offences? No Yes
- been removed, deported or excluded from any country (including Australia)? No Yes
- overstayed a visa in any country (including Australia)? No Yes
- had any outstanding debts to the Australian Government or any public authority in Australia? No Yes

If you answered 'Yes' to any of the questions at Question 44, 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 N – Additional information

Answer all
*If you answer "Yes" to any question, please contact the program manager for more info

Part I – Assistance with this form

45 Did you receive assistance in completing this form?

No ▶ **Go to Part J**

Yes ▶ Please give details of the person who assisted you

Title: Mr Mrs Miss Ms Other

Family name

Given names

Address

 POSTCODE

Telephone number or daytime contact

Office hours

COUNTRY CODE	AREA CODE	NUMBER
()	()	

Mobile/cell

46 Is the person an agent registered with the Office of the Migration Agents Registration Authority (Office of the MARA)?

No

Yes ▶ **Go to Part J**

47 Is the person/agent in Australia?

No ▶ **Go to Part J**

Yes

48 Did you pay the person/agent and/or give a gift for this assistance?

No

Yes

Part J – Options for receiving written communications

49 All written communications about this application should be sent to:
(Tick one box only)

Myself

OR

Authorised recipient ▶ You should complete form 956A *Appointment or withdrawal of an authorised recipient*

OR

Migration agent } Your migration agent/exempt person should complete form 956 *Advice by a migration agent/exempt person of providing immigration assistance*

OR }
Exempt person

IMPORTANT INFO ABOUT PAYMENT:

Please call your bank or credit card company to let them know you will be receiving a charge from Australia. This can prevent your payment from being blocked. The charge will come from:

"Dept. of Immigration Hobart."

Part K – Payment details

50 IMPORTANT: You must refer to the department's website www.border.gov.au/trav/visa/fees to calculate the associated charges for this application. If you are paying by credit card, you must complete the Total Australian Dollars at Question 51 to ensure that payment can be taken. The department will not be able to process your application until payment is taken.

The Pricing Estimator available on the department's website www.border.gov.au/trav/visa/visa-1 will help you complete this part of your application.

Visa subclass you are applying for

▶▶ **Base Application Charge**

Write the amount shown on the reference table for your visa subclass (1)

▶▶ **Additional Applicant Charge aged 18 years or over** at the time your application is lodged

Write the amount shown on the reference table for your visa subclass X (multiplied by) Number of additional applicants aged **18 years or over** = (2)

▶▶ **Additional Applicant Charge under 18 years of age** at the time your application is lodged

Write the amount shown on the reference table for your visa subclass X (multiplied by) Number of additional applicants **under 18 years of age** = (3)

▶▶ **Subsequent Temporary Application Charge (if applicable)**

Write the amount shown on the reference table for your visa subclass X (multiplied by) Number of applicants = (4)

▶▶ **Total (1) + (2) + (3) + (4)** = **Total**

You must pay the **total amount** or your visa application will not be valid.

51 How will you pay your application charge?

Note: A surcharge may apply to payments made by credit card. Further information is available from www.border.gov.au/trav/visa/fees/how-to-pay-for-an-application

If applying in **Australia**, credit card is the preferred method of payment. If paying by bank cheque or money order please make payable to the Department of Immigration and Border Protection.

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

Credit card Give details below

Payment by (tick one box)

MasterCard Diners Club
American Express JCB
Visa

Total Australian Dollars

Credit card number

Expiry date MONTH YEAR

Cardholder's name

enter your credit card info

Fill out!

Telephone number
Address

POSTCODE

As the cardholder I acknowledge and accept that a credit card surcharge may apply to the transaction.

Signature of cardholder

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

Part L – Document checklist

52 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?
4	A copy of your letter of invitation from an approved special program sponsor	<input type="checkbox"/>
5	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"/>
21	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"/>
27	Copy of your qualifications and/or curriculum vitae	<input type="checkbox"/>
30–31	Foreign Affairs or AusMD student or recipient – letter of support from the Foreign Minister	<input type="checkbox"/>
32–34	Certified copy of evidence of adequate health insurance (eg. a health insurance certificate, letter, health insurance schedule, or a Medicare card) for you and any family members listed in this application	<input type="checkbox"/>
49	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"/>
	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.border.gov.au/allforms/	<input type="checkbox"/>

DO NOT CHECK

Part M – Signatures

53 BIOMETRICS DECLARATION AND CONSENT

This declaration and consent must be signed by the main applicant and each accompanying person aged 16 years or over.

If I am requested or required to provide my fingerprints and facial image:

I consent to:

- the collection of my fingerprints and facial image; and
- if applicable, the collection of the fingerprints and facial image of each accompanying person under 16 years of age.

I declare that:

- I understand that my fingerprints and facial image and my biographical information (and those of each accompanying person under 16 years of age) held by the department may be given to Australian law enforcement agencies to help identify me and each accompanying person, to help determine my eligibility and the eligibility of each accompanying person for grant of the visa applied for, and for law enforcement purposes.

I consent to:

- Australian law enforcement agencies disclosing my biometric, biographical and criminal record information (and that of each accompanying person under 16 years of age) to the department for any of the purposes outlined above; and
- the department using the information obtained for the purposes of the Migration Act 1958 or the Australian Citizenship Act 2007.

Sign + date (day first)



Signature of primary person

Signature field with a small icon of a pen and paper.

Date

Date field with columns for DAY, MONTH, and YEAR, separated by slashes.

Signature of family members included in this application

Signature

Signature field with a small icon of a pen and paper.

Name

Name field

Signature

Signature field with a small icon of a pen and paper.

Name

Name field

Signature

Signature field with a small icon of a pen and paper.

Name

Name field

Signature

Signature field with a small icon of a pen and paper.

Name

Name field

Signature

Signature field with a small icon of a pen and paper.

Name

Name field

Leave blank

54 DECLARATION

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

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

I declare that:

- I have read and understood the information provided in this application;
- I have provided complete and correct information in every detail in this application, and in any attachments to it;
- I will inform the department in writing immediately as I become aware of a change in circumstances (including change of address) or if there is any change relating to information I have provided in or with this application, while it is being considered;
- I will respect Australian values as outlined on page 1 of this form, during my stay in Australia and will obey the laws of Australia;
- I have read the information contained in form 1442i Privacy notice;
- I understand the department may collect, use and disclose my personal information (including biometric information and other sensitive information) as outlined in form 1442i Privacy notice;
- I understand that if any fraudulent documents or false or misleading information has been provided with this application, or if I fail to satisfy the Minister of my identity, my application may be refused and I, and any other member of my family unit, may become unable to be granted a visa for specified periods of time;
- if documents are found to be fraudulent or information to be incorrect after the grant of a visa, the visa may subsequently be cancelled.

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

I declare that:

- I understand that my fingerprints and facial image and my biographical information held by the department 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 for any of the purposes outlined above;
- the department using the information obtained for the purposes of the Migration Act 1958 or the Australian Citizenship Act 2007.

If a visa is granted, I understand that:

- I must abide by the conditions of the visa;
- if a 'no further stay' 8503 condition is imposed on this visa, it will limit the ability to remain in Australia beyond the authorised period of stay of the visa.

For the primary applicant, I understand that:

- I will be responsible for any registration or licensing that is required before I can begin employment in Australia;
- I must abide by Australian employment conditions and awards.



Signature of primary person

Signature box with a small icon of a pen and paper.

Date

Date box with fields for DAY, MONTH, and YEAR, separated by slashes.

Sign + date

Signature of family members included in this application

Signature

Signature box with a small icon of a pen and paper.

Name

Name box

Signature

Signature box with a small icon of a pen and paper.

Name

Name box

Signature

Signature box with a small icon of a pen and paper.

Name

Name box

Signature

Signature box with a small icon of a pen and paper.

Name

Name box

Signature

Signature box with a small icon of a pen and paper.

Name

Name box

DIAGONAL LINE WITH 'BLANK' WRITTEN ACROSS IT

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

Part N – Additional information

55

Question number	Additional information

Leave blank

If insufficient space, attach additional details.

*Congrats!
you're done...*

★ ★ ★ ★ ★

Make sure to "fit to page" before printing!

Office use only

Decision Approved Rejected

Reasons for refusal/comment

Stream

Programme name

Entry Single Multiple

Conditions

Date of entry DAY / MONTH / YEAR Validity

Length of stay

Signature of decision maker

Date DAY / MONTH / YEAR