

Australian Six Month Tourist Visa Application

1

Name(s) as shown in your passport.

Title: Mr Mrs Miss Ms Other

Family name:

Given name(s):

2

Sex: Male Female

3

Date of birth:

Note: If you are aged 70 years or older, you may be required to provide evidence from your doctor that you are fit to travel, and show that you have medical insurance to cover your trip to Australia.

4

Marital status

Married Separated Never married
 Engaged Divorced
 De facto Widowed

5

Place of birth

Town/city

Country

6

Passport details

Number

Country

Issue date

Expiry date

Pasport issue authority.

It is recommended that your passport be valid for the total period of your stay in Australia

7

When do you propose to enter Australia?

DAY MONTH YEAR
 / /

8

Of which countries are you a citizen?

9

Country of usual residence?

10

Do you hold any other citizenship?

No Yes [▶ Give details](#)

11

Residential address in your home country

 POSTCODE

12

Your home telephone number:

13

Your mobile number:

14

Your Email Address:

15

Are you, or have you been known by any other name-including your name at birth, previous married name, alias?

No Yes [▶ Give details](#)

You can include in this application any children included in your passport who will be travelling with you. Children under 18 years old who are travelling alone, or without both parents or legal guardians will require notarised authorisation from the non-accompanying parent(s) or guardian(s) before travelling.

16 Are there any children included in your passport who will be travelling with you?

No Yes [▶ Give details](#)

FULL NAME	SEX	DATE OF BIRTH	COUNTRY OF BIRTH

IF YOU REQUIRE MORE ROOM, PLEASE ATTACH ADDITIONAL PAGES.

17 Who will you be travelling with?

By myself

Family / Friends [▶ Give details](#)

Group

Name of group

FULL NAME	RELATIONSHIP TO YOU	DATE OF BIRTH	ADDRESS

IF YOU REQUIRE MORE ROOM, PLEASE ATTACH ADDITIONAL PAGES.

18 Do you have any relatives, friends or contacts in Australia?

No Yes [▶ Give details](#)

FULL NAME	RELATIONSHIP TO YOU	DATE OF BIRTH	ADDRESS	CITIZEN OR PERMANENT RESIDENT OF AUSTRALIA? (YES or NO)

19 What is the purpose of your visit to Australia?

20 In the last 5 years have you visited or lived outside your country of usual residence (not including Australia) for more than three consecutive months?

No Yes [▶ Give details](#)

COUNTRY	DATE FROM	DATE TO

21 Do you require assistance with mobility and/or care in Australia? No Yes

22 Have you:

- ever had, or currently have, tuberculosis?
- been in close contact with a person who has had
- active tuberculosis?
- ever had an abnormal chest X-ray result?

No Yes [▶ Attach details on separate paper.](#)

23 Do you intend performing medical procedures (eg as a practicing/ trainee doctor, dentist, nurse etc.) during your stay in Australia?

No Yes [▶ Attach details on separate paper.](#)

24 During your proposed visit to Australia, do you expect to incur medical costs, or require treatment or medical follow up for:

- blood disorder
- cancer
- heart disease
- hepatitis B or C
- HIV infection, including AIDS
- kidney disease, including dialysis
- liver disease
- mental illness
- pregnancy
- respiratory disease that has required hospital admission
- any form of surgery

No Yes [▶ Attach details on separate paper.](#)

25 Do you, or any children included in your application intend to enter an Australian hospital, health care facility or nursing home for any purpose?

No Yes [▶ Attach details on separate paper.](#)

CHARACTER DETAILS

Have you ever:

<p>26 been convicted of a crime or offence in any country including any conviction which is now removed from official records?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Give details</p> <input type="text"/> <input type="text"/>
<p>27 been charged with any offence that is currently awaiting legal action?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Give details</p> <input type="text"/> <input type="text"/>
<p>28 been acquitted of any criminal offence or other offence on the grounds of mental illness, insanity or unsoundness of mind?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Give details</p> <input type="text"/> <input type="text"/>
<p>29 left any country to avoid being removed or deported?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Give details</p> <input type="text"/> <input type="text"/>
<p>30 been excluded from or asked to leave any country (including Australia)?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Give details</p> <input type="text"/> <input type="text"/>
<p>31 committed, or been involved in the commission of war crimes or crimes against humanity or human rights?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Give details</p> <input type="text"/> <input type="text"/>
<p>32 been involved in any activities that would represent a risk to Australian national security?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Give details</p> <input type="text"/> <input type="text"/>
<p>33 had any outstanding debts to the Australian Government or any public authority in Australia?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Give details</p> <input type="text"/> <input type="text"/>
<p>34 been involved in any activity, or been convicted of any offence, related to the illegal movement of people to any country (including Australia)?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Give details</p> <input type="text"/> <input type="text"/>
<p>35 served in a military force or state sponsored/private militia, undergone any military/paramilitary training, or been trained in weapons/explosives use (however described)?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Give details</p> <input type="text"/> <input type="text"/>

36

Do you have a spouse, de facto, any children or fiancé who will NOT be travelling with you to Australia?

No Yes Give details

Full name

Relationship to you

Date of birth

Their address

IF YOU REQUIRE MORE ROOM, PLEASE ATTACH ADDITIONAL PAGES.

37

Is it likely you will be travelling from Australia to a neighbouring country (New Zealand, Papua New Guinea, Singapore) and back to Australia.

No Yes Attach itinerary details.

38

Do you intend to do a course of study lasting more than 4 weeks while in Australia?

No Yes Give details

Name of course

Name of institution

How long will the course last?

39

Payment Details

The total cost* of your six month tourist visa is €

Type of credit / debit card:

Name of cardholder:

Card Number:

Expiry date:

Valid From:

Security No.

I hereby authorise Australian Travel Visas to debit my debit/credit card for the Total amount of

€

**Application fee as shown on the web site*

Alternatively you can pay on invoice.

DECLARATION

- I understand that the visa I am applying for does not allow me to work or undertake business activities in Australia.
- I understand that the visa I am applying for does not allow me to study for longer than 3 months in Australia.
- My intention to visit Australia is genuine and will abide by the conditions and period of stay of the visa.
- I have sufficient funds to cover all costs associated with this visit to and from Australia for all persons included in this application.
- I have truthfully declared all information included in this application.
- I understand that the effect of the 8503 visa condition is that it will not be possible for me to apply and remain in Australia beyond the authorised period of stay indicated on the visa label. I agree to having this condition included on my visa issued to me as a result of this application.
- I acknowledge that I understand that if the 8503 visa condition is imposed on my visa, it will be indicated on the visa label by the condition code '8503' and by the short description 'No Further Stay' I acknowledge that this means that the 8503 condition has been imposed on my visa, and that I am required to leave Australia on or before the date or time period notified on my visa label and that I understand the restriction that Condition 8503 places on me.
- In any part of this form which has been completed with the assistance of another person, I declare that the information with my full knowledge, consent and understanding.
- If granted a visa, I will notify the overseas mission should my circumstances change prior to my departure.

Signature:

Print name:

Date:

DAY MONTH YEAR

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