

## Student visa application form

**Personal details (all details must be stated as they appear in your passport where applicable)**

**How many people are included in this application?**

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**Your full name:**

Family name	
Given names	

**Any other name you are/have previously been known by, including name at birth, name prior to marriage:**

Family name	
Given names	
Reason for change	

**Sex:** Male  Female

**Date of birth:**

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**Place of birth:**

Town/City	
County	

**Current Marital Status**

- Married   
De Facto   
Interdependent relationship   
Engaged   
Separate   
Divorced   
Widowed   
Never married

**Country of current residence:**

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**Which countries are you a citizen of:**


**Do you hold any other citizenship?**

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**Passport details** (please provide details of the passport you will use to enter Australia exactly as they appear in your passport):

Passport number	
Country of passport	
Date of issue	
Date of expiry	
Passport issue authority	

*Please note, we strongly recommend that your passport be valid for at least 6 months.*

**Do you hold more than one passport?**

Yes  No

If yes, please give details:

Passport number	
Country of passport	
Date of issue	
Date of expiry	
Passport issue authority	

**Do you have an identity card:**

Yes  No

If yes, please give details:-

Identity number	
Country of issue	

**Please provide the confirmation of enrolment for each course:**

**COE code 1:**

**COE code 2:**

**COE code 3:**

**Do you want to include in this application other courses that you hold a letter of offer for but not a Confirmation of Enrolment?**

Yes  No

If you have Confirmation of Enrolment for all courses, answer "No" to this question

**Sponsorship details:**

You will be charged a full application fee charge once completed, if you believe you are from one of the following categories please do not continue this application.

- Sponsored by the Australian government for example, AusAID, Department of Defence  
Holder of one of the following scholarships:
- International postgraduate research scholarship scheme (IPRSS).
- Overseas postgraduate research scholarships schemes (OPRS)
- Australian-European scholarships(AES),
- Australian-Greek awards program(AGAP)
- Australian program of training for Eurasia (APTEA)
- Commonwealth scholarship and fellowship plan(CSFP)
- Holder of completed acceptance advice of secondary exchange student (AASES) form.

**How are your studies in Australia going to be funded?**

- By the sponsorship of the government of your country or a multi-lateral agency
- By sponsorship of an approved Australian non-government organisation
- By a higher education institution scholarship
- None of the above

**Is your principal course a:**

- Higher education full awarded course, other than masters degree or doctorate
- Part-award
- Study abroad course offered by an Australian university.

**Please give details of all family members whether or not they intend to travel to Australia with you.**

Members of your family members include:

- Spouse/partner
- Any dependent children of you or your spouse who are not married and who have not turned 18 years of age.

Please include passport details of family members who are travelling with you.

Family name	
Given names	
Date of birth	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to you	
Country of birth	
Country of residence	
Citizenship	
Passport number	
Country of passport	
Date of issue	
Date of expiry	
Passport issue authority	
Identity card number (if applicable)	

Country of issue (if applicable)	
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Family name	
Given names	
Date of birth	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to you	
Country of birth	
Country of residence	
Citizenship	
Passport number	
Country of passport	
Date of issue	
Date of expiry	
Passport issue authority	
Identity card number (if applicable)	
Country of issue (if applicable)	

Family name	
Given names	
Date of birth	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to you	
Country of birth	
Country of residence	
Citizenship	
Passport number	
Country of passport	
Date of issue	
Date of expiry	
Passport issue authority	
Identity card number (if applicable)	
Country of issue (if applicable)	

**Do any of the above family members wish to study for more than 3months?**

If so please state:

**Your current residential address** (post office box addresses are not acceptable):

Postcode

**Contact telephone numbers** (including country & area codes):

Day time	
Night time	
Mobile	

**Do you agree to being contacted by email?** Yes  No

Email address	
Alternative email address	

**Give details of Australian residential address (if known):**

Postcode

**Do you authorise Australian Travel Visas to act on your behalf?**

Yes  No

**Employment details**

Please give details of your employment status:

**Name and address of employer:**


**Period(month/year)**

From: \_\_\_\_\_ To: \_\_\_\_\_

**Type of business:**

**Occupation:**

**Education history:**

Please provide details of past and current studies include details of any education or training qualifications obtained.


**Have you taken an English language test n the last 24months?**

Yes  No

If yes, give details of the most recent English Test

Name of test: IELTS  OET  TOEFL

Date of test:

What is your test reference number?

What score did you receive on this test?

Have you studied in one or more of the following countries in the last 5 years?

- Australia
- Canada
- New Zealand
- Republic of Ireland
- United kingdom
- United states of America

**Have you, or any person included in this application held or currently hold a visa for travel to Australia?** Yes  No

**Details of previous visa/s**

Full name	Visa type	Visa number	Office/place of issue	Date of issue

*Please note, generally a person can only hold one visa at any one time. Should you already have a visa when another is granted, the first one will automatically cease.*

**Health declarations**

**In the last 5 years, have you, or has any member of your family unit included in this application, visited or lived outside your country of usual residence for more than 3 consecutive months?** Yes  No

If yes, please give details:

Name:

Country:

Date: ...../...../..... to ...../...../.....

Name:

Country:

Date: ...../...../..... to ...../...../.....

Name:

Country:

Date: ...../...../..... to ...../...../.....

**Do you, or any member of your family unit included in this application, intend entering an Australian hospital (including nursing homes) for work, training, treatment or visiting?** Yes  No

If yes, please provide details:


**Do you, or any member of your family unit included in this application, intend to work in an Australian preschool-aged child care centre (including Preschools and crèches) , as an employee or trainee?** Yes  No

If yes, please provide details:


**Have you or any person included in this application ever had or currently have tuberculosis or any other serious illness (including mental illness), condition or disability?** Yes  No

If yes, please provide details:


**Do you require assistance with mobility and/or care?** Yes  No

If yes please provide details of the mobility/care concerns that apply to you and how they are addressed:


**Do you intend to work as a doctor, dentist or nurse during your stay in Australia?**

Yes  No

If yes please provide details of the medical/dental/nursing procedures you may be involved with in Australia:


**During your proposed visit to Australia, do you, or any children included in this application, expect to incur medical costs, or require treatment or medical follow up for:**

- Blood disorder Yes  No
- Cancer Yes  No
- Heart disease Yes  No
- Hepatitis Yes  No
- HIV infection, including AIDS Yes  No
- Kidney disease, including dialysis Yes  No
- Liver disease Yes  No
- Mental illness Yes  No
- Pregnancy Yes  No
- Respiratory disease that has required hospital admission Yes  No
- Any form of surgery Yes  No
- Any other health concerns? Yes  No

*Please note, the department is authorised to collect the information requested on this form under the Migration Act 1958. Any information provided including details on health, will be used in the assessment of applications for an Australian visa. It may be disclosed to the Australian government, state and territory agencies where necessary.*



**Character declaration**

**Have you, or any member of your family unit 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)? Yes  No
- been charged with any offence that is currently awaiting legal action? Yes  No
- been acquitted of any criminal offence or other offence on the grounds of mental illness, insanity or unsoundness of mind? Yes  No
- been removed or deported from any country (including Australia)? Yes  No
- left any country to avoid being removed or deported? Yes  No
- been excluded from or asked to leave any country (including Australia)? Yes  No
- committed, or been involved in the commission of war crimes or crimes against humanity or human rights? Yes  No
- been involved in any activities that would represent a risk to Australian national security? Yes  No
- had any outstanding debts to the Australian Government or any public authority in Australia? Yes  No
- been involved in any activity, or been convicted of any offence, relating to the illegal movement of people to any country (including Australia)? Yes  No
- served in a military force or state sponsored/private militia, undergone any military/paramilitary training, or been trained in weapons/explosives use (however described)? Yes  No




**Please give details of any Australian visa that you or any person included in this application have had refused:**

Full name	Visa type	Date of refusal	Office applied to

**Please give details of any Australian visa that you or any person included in this application have had cancelled:**

Full name	Visa type	Date of cancellation	Office applied to

**How will you pay your application charge?**

Card type	
Card number	
Card issue date (if applicable)	
Card expiry date	
CCV (last 3 digits on the signature strip)	
Issue number (if applicable)	
Name as it appears on the card	
Contact telephone number	
Address	
Signature of card holder	

*All credit card details will only be used for the charging of application/admin fees. Please ensure that any card used has a minimum of 6 months validity at the time of application.*

## General declaration

### I declare that:

• I certify the information supplied on or with this form is correct. Yes  No

• I acknowledge my responsibility for organising appropriate accommodation and travel to and from Australia on behalf of the student visa holder under the age of 18. Yes  No

• I am aware that condition 8532 will be imposed on the visa of the student under the age of 18 and I will ensure that appropriate welfare arrangements are in place and maintained at all times. Yes  No

• If granted a visa, I acknowledge that I am required to abide by its conditions as outlined in the information form 1160i Applying for a student visa. Yes  No

• I declare that I have made adequate arrangements for health insurance for the period of my stay in Australia and I acknowledge that I am required to maintain these arrangements while in Australia as the holder of a student visa. Yes  No

• I have attached all documentary evidence as specified on the department's website for my Assessment Level and the visa subclass under which I am applying. Yes  No

• I acknowledge that I understand that if the 8534 visa condition is imposed on my visa, it will be indicated by the condition code '8534' and by the short description 'No Further Stay'. I acknowledge that this means that the 8534 condition has been imposed on my visa and that I will not, while in Australia, be entitled to the grant of any other visa **1**, apart from:  
– a further student visa with permission to work, the application for which was made on form 157P; or  
– a subclass 497 (Graduate–Skilled) visa. Yes  No

• I understand that the effect of the 8534 visa condition is that it will not be possible for me to apply to remain in Australia beyond the date authorised by my visa **1** and that I will be required to depart Australia on or before that date. I agree to having this condition included on any visa issued to me as a result of this application if the department decides to impose it as a condition of grant of a visa. Yes  No

• I acknowledge that I understand that if the 8535 visa condition is imposed on my visa, it will be indicated by the condition code '8535' and by the short description 'No Further Stay'. I acknowledge that this means that the 8535 condition has been imposed on my visa and that I will not, while in Australia, be entitled to be granted any other visa 1, apart from:  
– a further student visa with permission to work, the application for which was made on form 157P; or  
– a further student visa, with the consent of my sponsor. Yes  No

• I understand that the effect of the 8535 visa condition is that it will not be possible for me to remain in Australia beyond the date authorised by my visa1, unless I am applying for a further student visa with the consent of my sponsor, and that I will be required to depart Australia on or before the authorised date. I agree to having this condition included on any visa issued to me as a result of this application if the department decides to impose it as a condition of grant of a visa. Yes  No

• I am aware that I must immediately advise the department if I become aware that any information provided in this form is incorrect or if there is a change in my circumstances that are relevant to this application at any time. Yes  No

• I will respect Australian values as listed on this form, during my stay in Australia and will obey the laws of Australia. Yes  No

**Declaration (cont')**

• I authorise Australian Travel Visas to obtain the visa on my behalf. Yes  No