

## **SPONSORSHIP/ VISA CHECKLIST**

### **CLIENT INFORMATION**

- Letter of Offer / Employment Contract including position description and wage details

### **CANDIDATE INFORMATION**

- Fully updated resume in word format with no gaps – all dates must be accounted for
- Passport bio-data page for all visa applicants and dependents
- Academic qualification evidence
- Work references
- Completed personal details form and visa template
- 2 x passport sized photos for each person included in your application.
- Contract for Health Cover (please refer to below link)
- Marriage certificate or defacto evidence (if applicable)
- Full Birth Certificates for Applicant/s and children, showing both parents' names (if applicable)
- Travel details for any visa applicant/s who have travelled to any other countries except Australia and home country for more than 3 months in the last 5 years
- Form 160A: chest x-ray (outside Australia you must use Form 160).
- Form 26A: medical (if applicable. If outside Australia you must use Form 26)

### **PRIVATE HEALTH INSURANCE/TRAVEL INSURANCE**

Please see the following Websites of insurers who include repatriation and medical cover:

Private Health Cover <http://www.iman.com.au>

### **CHEST X-RAY (FORM 160a – if in Australia)**

All applications for Subclass 457 business visas for periods longer than 12 months require the applicant and all dependents over the age of 11 undergo a chest x-ray. Each applicant must take Form 160A, their passport and a passport-sized photo, to their local Health Services Australia.

See [http://www.hsagroup.com.au/online\\_bookings/immigration\\_bookings.html](http://www.hsagroup.com.au/online_bookings/immigration_bookings.html)

### **CHEST X-RAY (FORM 160 – if outside Australia)**

You will need to locate an Australian Government approved radiologist, specific to the country you are in at the time of lodging your application. See <http://www.immi.gov.au/contacts/panel-doctors/index.htm>

### **VISA APPLICATION ASSISTANCE SHEET - (FORM 26a – inside Australia)**

Full medicals are required for all applicants who will be studying, teaching, working in healthcare and dependents 16 years and under.

See [http://www.hsagroup.com.au/online\\_bookings/immigration\\_bookings.html](http://www.hsagroup.com.au/online_bookings/immigration_bookings.html)

### **FULL MEDICALS (FORM 26 – outside Australia)**

They will need to locate an Australian Government approved medical practitioner, specific to the country they are in at the time of lodging the application. See <http://www.immi.gov.au/contacts/panel-doctors/index.htm>



**DETAILS REQUIRED FOR VISA APPLICATION**

	SELF	SPOUSE	CHILD	CHILD
Family Name				
First Name/s				
Date of Birth				
Male/Female				
Place of birth (City/Country)				
Relation to applicant				
Country of passport				
Citizenship				
Passport No.				
Issue Date				
Expiry Date				
Issuing Authority				
Medical Issues				
Police Convictions				
Current Residential Address				
Phone Number				
Marital Status				

**EMPLOYMENT HISTORY**

EMPLOYER (incl. city & country)	POSITION	FROM (date/month/year)	TO (date/month/year)	Responsibilities (Brief Summary)



**EDUCATION HISTORY AND QUALIFICATIONS**

Please provide details of any education or qualifications obtained since finishing High School.

EDUCATION PROVIDER (incl. city & country)	DATE STARTED	DATE FINISHED	QUALIFICATION OBTAINED	COMPLETED YES / NO



### **HEALTH AND CHARACTER**

Please tick one box for each question. Full details must be given for any questions where you have ticked YES as your answer.

**Have you, or any family member included in this application:**

- Ever had, or currently have, tuberculosis?
- Been in close contact with a person who has, or has had, active Tuberculosis?
- Ever had a chest x-ray which showed an abnormality?

**NO       YES  - Please provide details**

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

- Mental illness
- Pregnancy
- Respiratory disease that has required hospital admission
- Any form of surgery
- Any other health concerns

**NO       YES  - Please provide details**

You are strongly advised to carry certification of your vaccination status, especially for children attending Australian schools and/or 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 child care centre (including preschool and creche) and school enrolment. Vaccination against rubella is also recommended for women of child bearing age.

**HAVE YOU, OR ANY FAMILY MEMBER 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  - Please provide details**



- Been charged with any offence that is currently awaiting legal action?

**NO**       **YES**  - Please provide details

- Been acquitted of any criminal offence or other offence on the grounds of mental illness, insanity or unsoundness of mind?

**NO**       **YES**  - Please provide details

- Been removed or deported from any country (including Australia)?

**NO**       **YES**  - Please provide details

- Left any country to avoid being removed or deported?

**NO**       **YES**  - Please provide details

- Been excluded from or asked to leave any country (including Australia)?

**NO**       **YES**  - Please provide details

- Committed, or been involved in the commission of war crimes or crimes against humanity or human rights?

**NO**       **YES**  - Please provide details

- Been involved in any activities that would represent a risk to Australian national security?

**NO**       **YES**  - Please provide details

- Had any outstanding debts to the Australian Government or any public authority in Australia?

**NO**       **YES**  - Please provide details

- 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**  - Please provide details

- 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**  - Please provide details

- Have you ever had a visa refused or cancelled?

**NO**       **YES**  - Please provide details

**Signed By Primary Applicant on behalf of all Applicants:.....**

**Dated:.....**