



12 Month Tourist Visa

Please complete the attached form and return it to the address shown below;

Visas4oz.co.uk
35 Moorlands Drive
Nantwich
CW5 7PA.
United Kingdom

Should you require any assistance completing your application, please call our customer support team on 01270 842 670 or email info@visas4oz.co.uk

Payment Information

Please see website for up to date pricing information.

Cheque (Please attach) Credit/Debit Card

Credit/Debit Card Details

Card Holders Name

Card Number

Start Date

Expiry Date

Issue Number

Security Code



Australian Government

Department of Immigration and Multicultural Affairs

Application to visit Australia for tourism or other recreational activities

Form 48R

1 When do you wish to visit Australia?

From [DAY / MONTH / YEAR] to [DAY / MONTH / YEAR]

2 How long do you wish to stay in Australia?

Up to 3 months []
Up to 6 months []
Up to 12 months []

PHOTOGRAPH
Please attach a recent photograph of yourself AND any children who are on your passport and will be travelling with you.

Part A - Your details

3 Name(s) as shown in your passport

Family name []

Given names []

Other names you are, or have been, known by (including name at birth, previous married names, aliases)

[]

Name in your own language or script (if applicable)

[]

4 Sex Male [] Female []

5 Date of birth [DAY / MONTH / YEAR]

If you are 70 years or over, you will be asked to provide evidence from your doctor that you are fit to travel and show that you have medical insurance to cover your stay in Australia. Please contact an Australian overseas mission for further advice before lodging your application. If additional medical consultations are required, a decision on your visa application will be delayed.

6 Marital status

Married [] Separated [] Never married []
Engaged [] Divorced []
De facto [] Widowed []

7 Place of birth Town/city []
Country []

8 Details from your passport

Passport number []

Country of passport []

Date of issue [DAY / MONTH / YEAR]

Date of expiry [DAY / MONTH / YEAR]

Issuing authority/Place of issue as shown in your passport []

Make sure your passport is valid for the period of stay you are applying for.

9 Of which countries are you a citizen? []

10 Country of usual residence []

11 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 this application being invalid.

[]
[]
[] POSTCODE

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

[]
[]
[] POSTCODE

Continued on the next page

13 Your telephone numbers

	COUNTRY CODE	AREA CODE	NUMBER
Office hours	()	()	
After hours or mobile/cell	()	()	

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

No

Yes ► Give details

Fax number

	COUNTRY CODE	AREA CODE	NUMBER
	()	()	

E-mail address

Note: If this visa application is refused, you will be notified by mail

Part B – Children included

You can include in this application any **children included in your passport who will be travelling with you.**

Children under 18 years of age, travelling alone or without one or both of their parents or legal guardians, require notarised authorisation from the non-accompanying parent(s) or guardian(s) to travel to Australia.

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

No

Yes ► Give details

Family name

Given names

Sex Male Female

Date of birth DAY MONTH YEAR
/ / /

Country of birth

Family name

Given names

Sex Male Female

Date of birth DAY MONTH YEAR
/ / /

Country of birth

Family name

Given names

Sex Male Female

Date of birth DAY MONTH YEAR
/ / /

Country of birth

Family name

Given names

Sex Male Female

Date of birth DAY MONTH YEAR
/ / /

Country of birth

If insufficient space, attach additional details.

Part C – Family NOT travelling with you

- 16** Do you have a spouse, de facto, any children, or fiancé who will NOT be travelling with you?

No Yes ► Give details

Full name	Relationship to you	Date of birth			Their address while you are in Australia
		DAY	MONTH	YEAR	
		/	/		
		/	/		
		/	/		
		/	/		

If you need more space, please attach a separate sheet with the details.

Part D – Details of your visit to Australia

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

No Yes ► Please attach itinerary details

- 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)
		DAY	MONTH	YEAR		
		/	/			
		/	/			
		/	/			
		/	/			

If you need more space, please attach a separate sheet with the details.

- 19** Why do you want to visit Australia?
Include details of any dates that are of special significance to your visit.

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

No Yes ► Give details

Name of the course

Name of the institution

How long will the course last?

Continued on the next page ►

Part E – Health and character

Visitors to Australia must be of good health and of good character. The following questions ask you to make a declaration about the health and character of yourself and any children included in your application. If your circumstances change before you travel you should inform the Australian visa office.

- 21** In the last 5 years, have you, or have any children included in this application, visited or lived outside your country of usual residence for more than 3 consecutive months?

No Yes ► Give details

- 22** Do you, or any children included in this application, intend to enter an Australian hospital, health care facility, nursing home for any purpose?

No Yes ► Give details

- 23** Have you, or any children 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 ► Give details

- 24** Do you require assistance with mobility and/or care in Australia or overseas?

No Yes ► Provide details of the care/mobility concerns that apply to you and how they are addressed

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

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

No Yes ► Give details

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

No Yes ► Provide details of medical/dental/nursing procedures you may be involved with in Australia

Part F – Employment status

28 What is your employment status?

Employed/self-employed Details of employer/business

Name

Address

Telephone number

Position you hold

How long have you been employed by this employer/business?

YEARS MONTHS

Retired Year of retirement

DAY MONTH YEAR / /

Student Your current course

Name of educational institution

How long have you been studying at this institution?

YEARS MONTHS

Other Please provide details

Unemployed Please provide details of your last employment (if applicable)

Part G – Evidence of funds

All visitors to Australia must be able to demonstrate they have adequate funds to cover all costs associated with their visit. Providing evidence of funds with a completed application will often help expedite the processing of a visitor visa application. Examples include showing personal bank statements, pay slips, audited accounts, taxation records or details of the funds that visitors will be taking with them or available to them (ie. how much in cash, traveller cheques and credit card limit).

29 How will you be maintaining yourself financially while you are in Australia?

30 Is someone else providing support for your visit to Australia?

- No Go to Part H
- Yes Give details

Full name	Relationship to you	Date of birth			Their address while you are in Australia
		DAY	MONTH	YEAR	
		/	/		
		/	/		
		/	/		
		/	/		
		/	/		

If you need more space, please attach a separate sheet with the details.

31 What support are they providing? Financial Accommodation Other Please attach details

The person or people you have listed will need to provide evidence of their ability to provide this support.

Part H – Previous applications

32 Have you, or any children included in this application, ever:

- been in Australia and not complied with visa conditions or departed Australia outside your authorised period of stay?
- had an application for entry to or further stay in Australia refused, or had a visa for Australia cancelled?

No Yes ► Give details

33 Complete the following details if you (or any children included in this application) have applied for **permanent** entry to Australia in the last 5 years

Month and year	Place of application	Type of visa applied for	Was a visa granted? (YES or NO)

34 Complete the following details if you (or any children included in this application) have applied for **temporary** entry to Australia in the last 5 years

Month and year	Place of application	Type of visa applied for	Was a visa granted? (YES or NO)

Part I – Assistance with this form

35 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

COUNTRY CODE AREA CODE NUMBER

Office hours () ()

Mobile phone

36 Is your agent registered with the Migration Agents Registration Authority (MARA)?

No

Yes ► Go to Part J

37 Is your agent in Australia?

No ► Go to Part J

Yes

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

No

Yes ► How much did you pay?

AUD AND/OR

What kind of gift did you give? (eg. jewellery)

Value of gift (approximately)

AUD

Continued on the next page ►

Part J – Options for receiving written communications

- 39** All written communications about this application should be sent to:
(Tick one box only)
- Myself ► All written communications will be sent to the address for communications that you have provided in this form. Go to Part O
- Australian registered migration agent OR Offshore agent ► Go to Part M
- Agent exempted from registration ► You must complete form 956 *Appointment of a migration agent* and attach it to this application form. Go to Part O
- Authorised recipient ► This is a person authorised to only receive written communications. All written communications that would otherwise have been sent to you in relation to this application will be sent to that person.

- 40** Do you want the authorised person to receive health and/or character information about you, your spouse or your dependants, that may arise, or be revealed, in the course of this application (for example, requests for medical investigation, other health information about you, or the results of criminal history checks)?
- No
- Yes

Part K – Authorised recipient details

Note: Do NOT complete this section if you are acting as a migration agent, go to Part M

- 41** Provide details of the person who is authorised on your behalf to receive all written communications about this application.

Title: Mr Mrs Miss Ms Other

Family name

Given names

Authorised recipient's postal address

<input type="text"/>
<input type="text"/>
<input type="text"/>
POSTCODE

Telephone number or daytime contact

COUNTRY CODE AREA CODE NUMBER

Office hours () ()

Mobile phone

Part L – Authorised recipient consent

- 42** As the authorised recipient named on this form, do you agree to the department communicating with you by fax, e-mail or other electronic means?

No

Yes ► Give details

COUNTRY CODE AREA CODE NUMBER

Fax number () ()

E-mail address

- 43** I understand and accept that I am the person appointed by the applicant to receive all written communications.

Signature of authorised recipient

Date DAY / MONTH / YEAR

►► Now go to Part O

Part M – Agent details

- 44** Provide the details requested below about the agent who is authorised to act on your behalf and to receive all written communications about this application.

Migration Agent Registration Number (MARN) 7 DIGITS

:	:	:	:	:
---	---	---	---	---

OR
Offshore Agent ID Number (if allocated by the department) 7 DIGITS

:	:	:	:	:
---	---	---	---	---

Title: Mr Mrs Miss Ms Other

Family name

Given names

Business or company name

Postal address

POSTCODE

Telephone number or daytime contact

COUNTRY CODE	AREA CODE	NUMBER
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Office hours () ()

Mobile phone

Part N – Agent consent

- 45** As the agent named on this form, do you agree to the department communicating with you by fax, e-mail or other electronic means?

No

Yes Give details

Fax number COUNTRY CODE AREA CODE NUMBER

()	()
-----	-----

E-mail address

- 46** I understand and accept that I am the person appointed by the applicant to receive all written communications and act as his/her agent.

Signature of agent

Date DAY MONTH YEAR

/	/
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Part O – Payment details

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

Note: If applying in Australia, debit card or credit card are the preferred methods of payment. If applying outside Australia, please check with the Australian Government office where you intend to lodge your application as to what methods of payment they can accept.

Bank cheque

Money order

Debit card

Credit card Give details below

Payment by (tick one box) Australian Dollars

Mastercard <input type="checkbox"/> Diners Club <input type="checkbox"/> American Express <input type="checkbox"/> JCB <input type="checkbox"/> Visa <input type="checkbox"/>	AUD <input style="width: 80%;" type="text"/>
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Credit card number

:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Expiry date MONTH YEAR

:	/	:
---	---	---

Cardholder's name

Telephone numbers COUNTRY CODE AREA CODE NUMBER

()	()
-----	-----

Address

POSTCODE

Signature of cardholder

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

Part P – Declaration

48 Having read the 'Conditions for a tourist visa to Australia' on page 2 of this form:

- I understand that the visa I am applying for does not permit me to work or undertake business activities in Australia.
- I understand that the visa I am applying for does not permit me to study for longer than 3 months in Australia.
- My intention to visit Australia is genuine and I will abide by the conditions and period of stay of the visa.
- I have adequate funds to meet all costs associated with the visit to and from Australia for all those included in this application.
- I have truthfully declared all relevant details requested of me in 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 acknowledge that 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 about the grant of my visa, 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, that I am required to depart Australia before the end of the period of stay authorised by my visa 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 as set down is true and correct and has been included with my full knowledge, consent and understanding.
- If granted a visa, I will advise the overseas mission should my circumstances change prior to my travel to Australia.

**Signature
of applicant**

Date

DAY	MONTH	YEAR
/	/	

If you are unable to collect your passport, you will need to make adequate arrangements for its return to you.