



AUSTRALIAN WORKING HOLIDAY VISA - APPLICATION FORM
For The 1st ___ Or 2nd ___ Working Holiday Visa – Please Mark It!!!

Send to an **Australia Shopping World** by Fax or by Mail or visit us personally!

Passport-holders of these countries only: Belgium, Canada, Denmark, Estonia, Finland, France, Germany, Ireland, Italy, Netherlands, Norway, Sweden, United Kingdom.

A. Personal Details: (Please print or write in large clear capital letters!)

Family name: _____

Given name(s): _____

Date of birth: ____ . ____ . ____ Sex: Female Male

Marital status: _____

Town/City of birth: _____

Country of birth: _____

Country of residence: _____

Passport number: _____

Country of passport: _____

Nationality: _____

Passport date of issue: ____ . ____ . ____

Passport date of expiry: ____ . ____ . ____

Place of issue / Issuing authority: _____

Proposed date of entry into Australia: ____ . ____ . ____

Do you have any dependent children? No Yes

Have you ever entered Australia on a Working Holiday (subclass 417) visa before?
(this includes on any passport of any country) No Yes

Are you submitting this application from outside Australia? No Yes

Which other citizenships do you hold as shown in your passport? _____

Usual occupation: _____

What employment do you intend to seek in Australia: _____

Your highest qualification: _____

Other Names:

Give details of any other names that you have been known by, including names before marriage or alias? No Yes
(if Yes, please give details)

Family name: _____

Given name(s): _____

B. Residential Address, Telephone, Email:

Street / Number: _____

Postcode: _____ Email: _____

Suburb/Town: _____
(State or Province)

Given name & Surname:

Country:

*Home phone:

*Work phone:

*For telephone details: Please give country dialling code (e.g. 0049 for Germany)

C. Authorisation:

I authorise Australia Shopping World GmbH to handle this visa application for me and to receive communication about this application on my behalf. This includes authorising the Australian government department to send Australia Shopping World GmbH any communication, documents or notifications relating to the application that would otherwise have been sent to me (e.g. health and character informations). No Yes

D. Health Declarations:

1. During your proposed stay in Australia, do you intend to enter an Australian hospital or other health care facility for any purpose? No Yes (if Yes, please give details)

Details:

2. During your proposed stay in Australia, do you intend to be in a classroom situation for more than four (4) weeks (e.g. in a language school)? No Yes (if Yes, please give details)

Details:

From: . . Until: . .

3. During your proposed stay in Australia, do you intend to work in or attend an Australian preschool-aged child care centre (including preschools and creches) as an employee, trainee or student? No Yes (if Yes, please give details)

Details:

4. Have you: ever had, or currently has, tuberculosis? been in close contact with a person who has, or has had, active tuberculosis? ever had a chest x-ray that showed an abnormality? No Yes (if Yes, please give details)

Details:

5. Do you require assistance with mobility or care in Australia or overseas? No Yes (if Yes, please give details)

Details:

6. Do you intend to perform medical procedures (e.g. as a practising/trainee doctor, dentist, nurse, etc.) during your stay in Australia? No Yes (if Yes, please give details)

Details:

7. During your proposed stay in Australia, do you expect to incur medical costs, or require treatment or medical follow up for:

- | | | |
|--|-----------------------------|--|
| Blood disorders | <input type="checkbox"/> No | <input type="checkbox"/> Yes (if Yes, please give details) |
| Cancer | <input type="checkbox"/> No | <input type="checkbox"/> Yes (if Yes, please give details) |
| Heart disease | <input type="checkbox"/> No | <input type="checkbox"/> Yes (if Yes, please give details) |
| Hepatitis B or C | <input type="checkbox"/> No | <input type="checkbox"/> Yes (if Yes, please give details) |
| HIV infection, including AIDS | <input type="checkbox"/> No | <input type="checkbox"/> Yes (if Yes, please give details) |
| Kidney disease, including dialysis | <input type="checkbox"/> No | <input type="checkbox"/> Yes (if Yes, please give details) |
| Liver disease | <input type="checkbox"/> No | <input type="checkbox"/> Yes (if Yes, please give details) |
| Mental illness | <input type="checkbox"/> No | <input type="checkbox"/> Yes (if Yes, please give details) |
| Pregnancy | <input type="checkbox"/> No | <input type="checkbox"/> Yes (if Yes, please give details) |
| Respiratory disease that has required hospital admission | <input type="checkbox"/> No | <input type="checkbox"/> Yes (if Yes, please give details) |
| Any form of surgery | <input type="checkbox"/> No | <input type="checkbox"/> Yes (if Yes, please give details) |
| Any other health concerns? | <input type="checkbox"/> No | <input type="checkbox"/> Yes (if Yes, please give details) |

Details:

If multiple answers possible, please make notes on a separate page

Given name & Surname: _____

F. Declarations: I certify that:

- I have read the information on working holiday visas at the beginning of this application, and am aware of the conditions that apply and that I am required to abide by them. No Yes
- I understand that the visa I am applying for does not permit me to undertake employment in Australia with one employer for more than 6 months (since 01. July 2006). No Yes
- I understand that the visa I am applying for does not permit me to undertake studies or training for more than 4 months (since 01. July 2006). No Yes
- I have sufficient funds for the initial period of my stay in Australia and for the fare to my intended overseas destination on leaving Australia. No Yes
- Any employment is incidental to my holiday in Australia and the purpose of working is to supplement my holiday funds. No Yes
- I have no dependent children. No Yes
- I have truthfully declared all relevant details required of me in this application. No Yes
- If granted a visa, I will advise the Australian Government of any change in my circumstances. No Yes

Signature: _____ **Date:** ____ . ____ . ____

G. Visa Confirmation: My Working Holiday Visa confirmation should be

- send via email at following address: _____
- held for me to collect mailed to me faxed to me at the number: _____

H. Payment of EUR 145.00 will be made in the following way:

This amount consists of the current processing fee by the Australian government of AUD\$ 185.- (which due to the fluctuating currency rate is calculated here at EUR 115.-) and of our processing fee of EUR 30.- (incl. VAT) [gebucht *Köln *Hamb *Münc *Berlin]

- in cash
- by credit card [] in KB
- by direct debit (only from a German bank account) [] in KB [] E
- by bank transfer to our German account [] in KB gg

Payment via Visa or Master Credit Card: Your credit card details will not be entered into the internet

Credit card holder: _____
 Credit card number: _____
 Valid until: _____ / _____

Payment by Direct Debit (only possible from a German bank account):

Account holder: _____
 Account number: _____
 Bank sort code: _____
 Bank & Bank location: _____

Signature: _____ **Date:** ____ . ____ . ____

Obligatory for direct debit and credit card payment

Berlin: D:\Wafiv-working-holiday-antrag-englisch.doc RG Stand: 10.10.2006

***Payment via direct Bank Transfer to our bank account – our account details:**

Australia Shopping World GmbH Account Number: 122 89 98
 Bank sort code: 370 400 44 Bank & Bank location: Commerzbank, Köln/Cologne, Germany
 IBAN: DE02 3704 0044 0122 8998 00 BIC: COBA DE FF XXX

*Please note that your application will be processed once the amount has been credited onto our account!

Visa Service: Tel. 030-9700 5251 Fax 030-9700 5232 Wallstraße 66, 10179 Berlin, Germany www.australien-visum.com
Australia Shopping Worlds: Limburger Straße 14, Köln * Dachauer Str. 109, München * Wallstr. 66, Berlin * Vorsetzen 54, Hamburg
Ask for our free Australia Product Catalogue!! **email: katalog@australiashop.com**