



# Application to visit Australia for tourism or other recreational activities Subclass 676

# Form A2

## To apply for a Six month Visa Complete Questions A - F To apply for a Twelve month Visa Complete Questions A - I

**1** How long do you wish to stay in Australia  
 up to 6 months  up to 12 months

**2** When do you wish to visit Australia?  
 From  to   
 ● Flight Number if known

**8** Passport details  
 Passport number   
 Country   
 Expiry date   
 Issue date   
 Issuing authority   
 Make sure your passport is valid for the period of stay you are applying for.

### Part A - Personal Information

**3** Names 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)

**9** Of which countries are you a citizen?

**4** Sex Male  Female

**10** Country of usual residence

**5** Date of birth   
 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 CALL FOR QUOTATION.

**11** Do you hold any other citizenship?  
 No  Yes  Give details  
 Other country of citizenship

**6** Marital status  
 Married  Separated  Never married   
 Engaged  Divorced   
 De facto  Widowed

**12** 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.

**7** Place of birth  
 Town/city   
 Country

**13** Your Contact Details  
 Tel No.   
 Mobile / Cell   
 Email

Continued on next page ►

## Part B - Family Details

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.

**14** 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
		DAY	MONTH	YEAR	
		/	/	/	
		/	/	/	
		/	/	/	
		/	/	/	
		/	/	/	

If insufficient space, attach additional details.

## Part C - Travel Details

**15** Who will you be travelling with?

By myself

Family/Friends  **▶ Details**

Group  **▼**

Name of Group

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

Full name	Relationship to you	Date of birth			Address
		DAY	MONTH	YEAR	
		/	/	/	
		/	/	/	
		/	/	/	
		/	/	/	

**16** 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		
		/	/	/		
		/	/	/		
		/	/	/		
		/	/	/		

**17** What is the purpose of your visit to Australia?

## Part D - Health Declaration

**18** 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**

  


**19** Have you, or any children included in this application:

No  Yes  **▶ Give details**

- 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 any abnormality?

  
  


It is strongly advised that you arrange a visa before booking your flight.

## Part F - Further Personal Info

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

**21** 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
- cancer
- heart disease
- hepatitis b
- hiv infection, included dialysis
- liver disease
- mental illness
- pregnancy
- respiratory disease that has required hospital admission
- any form of surgery
- any other health concerns

**22** Do you intend performing medical procedures (eg. As a practicing/trainee doctor, dentist, nurse etc.) During your stay in Australia?

No  Yes  Give details

**23** 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 on separate sheet

## Part E - Character Declaration

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

- been convicted of a crime or offence in any country (including any conviction which is now removed from official record)? No  Yes
- been charged with any offence that is currently awaiting legal action? No  Yes
- been acquitted of any criminal offence or other offence on the grounds of mental illness, insanity or unsoundness of mind? No  Yes
- been removed or deported from any country (including Australia)? No  Yes
- left any country to avoid being removed or deported? No  Yes
- been excluded from or asked to leave any country (including Australia)? No  Yes
- committed, or been involved in the commission or war crimes or crimes against humanity or human rights? No  Yes
- been involved in any activities that would represent a risk to Australian national security? No  Yes
- had any outstanding debts to the Australian government or any public authority in Australia? No  Yes
- 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
- 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

*If you answered 'Yes' to any of the above questions, attach an additional statement listing relevant details.*

**25** 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

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

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

No  Yes  Please attach itinerary details

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

No  Yes  Give details

Name of course   
 Name of institution   
 How long will the course last

## 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. Examples include 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.

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

  


**29** Is someone else providing support for your visit to Australia?

No  Yes  Give details

Full Name   
 Relationship to you   
 Date of Birth   
 Their Address

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

**30** 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 - Employment Status

### 31 What is your employment status

Employed/Self-employed

Occupation

Employers Name

Address

Tel No

Position you hold

Duration of Employment

YEARS

MONTHS

Retired

Date of retirement

Student

Course

Name of educational institution

How long have you been studying at this institution?

Other

Provide details

Unemployed

Details of last employment

## Part I - Further Travel Details

### 32 Travel itinerary within Australia

Area

DAY MONTH YEAR

Dates: To

DAY MONTH YEAR

From

DAY MONTH YEAR

## Checklist

Before sending your application to us please ensure that you have included:

Completed Application Form

Evidence of Funds

Means of payment

**If you are over the age of 70 please include:**

Fit to travel form

Medical / Travel Insurance

**Please quote me on medical / travel insurance**

## Declaration

- 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 will abide by the conditions and period of stay of the visa.
- I have adequate funds to meet all costs associated with this 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 and remain in Australia beyond the authorised period of stay shown on my 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, that I am required to depart 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 advise the overseas mission should my circumstances change prior to my travel to Australia.

Signature of applicant

DAY MONTH YEAR

Date

## Payment Terms

Type of credit / debit card:

Name of cardholder:

Card Number:

Expiry Date

Valid From

Security No.

Issue No.

LAST THREE DIGITS ON THE REVERSE OF YOUR CARD

**Please debit my account with**

£

/ €

I have attached a cheque/postal order for the full value.

Cheque No:

Tick Box

Signature: