

The Travel Visa Company

Your Dedicated, Worldwide Travel Visa Agency



REFERRED BY

i.e. Travel Agent / Tour Operator / Cruise Line / Search Engine / Repeat Customer / Friend / Other

You **MUST** return this front page with your application.

RETURN ADDRESS

The Travel Visa Company Ltd.

Unit 2A, The Courtyard
Regents Park, London Road
Nantwich, Cheshire
CW5 6LW



SUPPORT

If you have any queries or would like additional assistance when completing your application, please contact us and one of our team would be happy to assist.



Telephone: **01270 904 907**



Email: applications@thetravelvisacompany.co.uk

Australia Subclass 400 Application Pack

Thank you for requesting an application pack for an Australia Subclass 400 Visa.
Please complete the following three sections and then return the application pack and all supporting documents to The Travel Visa Company Ltd.

1. Checklist of the documents required
2. Service and delivery options
3. Address and payment details

PLEASE NOTE

To be eligible for a Subclass 400, you must have a highly specialised skill, knowledge or experience that can help Australian business and cannot reasonably be found in Australia.

If the visa is issued, the holder is then only permitted to work on activities for which the visa was granted.

Subclass 400 visas are generally issued for stays of up to 3 months. The Australian authorities will, in certain circumstances, grant visas for stays up to 6 months if a strong business case is made.

Please note, as part of this process you may be requested to provide an ACRO Police Certificate.

1. Checklist of the documents required

✓ Please tick to confirm you have provided the following:

- AUSTRALIA SUBCLASS 400 APPLICATION FORM** – Please find attached. It is important to carefully read through all the questions and fully complete all forms in **BLOCK CAPITALS** with a **BLACK PEN**. All application forms **MUST** be printed single-sided. Application forms printed double-sided **WILL NOT** be accepted.
- SIGNED 956a APPOINTMENT OF AN AUTHORISED RECIPIENT FORM** – Please find attached at the back of this application form. We have completed some parts of the form for you; please ensure you complete all other sections that are relevant to you.
- COPY OF PASSPORT** – Please include a copy of the photograph page of your passport. Your passport must be valid for at least the entire duration of your proposed stay in Australia.

- LETTER OF INVITATION** - Please provide a letter of invitation, job offer letter, employment contract or other documentation from an Australian organisation confirming your purpose of travel and that you have been contracted to carry out specific, specialised work in Australia.
- BANK STATEMENTS** - Please provide your 3 most recent bank statements showing sufficient funds to support yourself in Australia.
- RELEVANT QUALIFICATIONS** - Please provide copies of any qualification that is relevant to the work you will be undertaking.
- UK EMPLOYMENT LETTER** - Please provide a letter from your UK employer detailing your role, duties, and responsibilities.
- PROOF OF NAME CHANGE – IF** you have ever changed your name, including through marriage, you **MUST** provide proof of name change. In the case of marriage, this would be a copy of your marriage certificate.

 Failure to provide us with these documents will result in delays with your application.

2. Service and delivery options

Please tick to confirm which service and delivery type you are requesting:

	Service Type	Processing Time	Embassy Fee	Service Fee	VAT	Total
<input type="checkbox"/>	Standard	15 days*	£215.00	£154.13	£30.82	£399.95
<input type="checkbox"/>	Priority	5 days*	£215.00	£237.46	£47.49	£499.95

*Working days/hours excluding postal days.

PLEASE NOTE

The processing time above refers only to The Travel Visa Company's processing time. Once we have submitted your application, the Australian Immigration Department will process your application. Most applications are processed within several days; however, processing times can be longer depending on the circumstances of the application.

Delivery Type	Price
<input type="checkbox"/> Email Confirmation	-
<input type="checkbox"/> Provide Pre-Paid Envelope*	-
<input type="checkbox"/> Posted Confirmation	£5.00
<input type="checkbox"/> Collect from TVC Office	-

DATE OF TRAVEL

..... DD/MM/YYYY

LENGTH OF STAY

..... Days

*If you provide a pre-paid envelope please ensure it has your return address and the correct postage amount.

3. Address and payment details

Name:

Address:

.....

.....

Postcode:

Telephone:

Email:

Credit/Debit Card

Name on card:

.....

Card Number:

.....

Expiry Date: CVC:

Paypal paypal@thetravelvisacompany.co.uk

Cheque

BACS Reference:

Cheque/BACS payments are to be made payable to "The Travel Visa Company Ltd."

Bank Details: 68032405 / 08-92-50

EMAIL MARKETING (not required)

I would like to sign up to the TVC mailing list.

We do not share your data with any third parties. To view our privacy policy, visit:

www.thetravelvisacompany.co.uk/privacy

TERMS & CONDITIONS (required)

I have read, fully understood and agree to the Terms & Conditions and Client Declaration.

www.thetravelvisacompany.co.uk/terms

www.thetravelvisacompany.co.uk/declaration

Signed: Date:

Please contact us if you would like to receive a printed copy of these documents.

Applicant Details

Surname: As shown in passport

Given name(s): As shown in passport

Gender: Male Female
 Other

Date of birth: DD/MM/YYYY

Passport type: Regular Official Diplomatic

Passport number:

Issuing country:

Issuing authority:

Issue date: DD/MM/YYYY

Expiry date: DD/MM/YYYY

Place of birth:

Town/City:

State/Province:

Country:

Marital status: Married Divorced Single Widowed
 Other

Have you ever changed your name?
 Yes No

If yes Reason for name change:
 Marriage Deed poll Other

If other

Previous name:

Are you a citizen of any other country?
 Yes No

If yes Country:

Applicant Details

Do you hold any other passports?
 Yes No

If yes Issuing country:

Passport number:

Issue date: DD/MM/YYYY

Expiry date: DD/MM/YYYY

Do you hold any other identity documents? (Not including driving license)
 Yes No

If yes Issuing country:

Identity document number:

Applicant Contact Details

Phone number:

Email address:

Current address:

Date you moved into this address: DD/MM/YYYY

Previous Travel Details

Have you previously travelled to Australia or applied for a visa for Australia?
 Yes No

If yes Do you have a previous Australian visa grant number?
 Yes No

If yes Previous visa grant number: If unknown, please indicate

Previous Travel Details

Have you travelled to Australia on any passports other than the one you are applying with now?

Yes No

If yes

Name on passport:

Country of passport:

Place of issue/issuing authority

Date of issue:

Date of expiry:

Travel Details

Proposed date of entry into Australia:

Proposed date of exit from Australia:

Do you intend to enter Australia on more than one occasion to undertake the work?

Yes No

If yes

Please provide detail, including reason why you will need to make more than one entry and proposed travel dates for additional entries.

Travel Details

Will you be undertaking highly specialised non-ongoing work in Australia?

Yes No

If yes

Give details of the organisation for whom you will undertake the work in Australia:

Organisation registered name:

Trading name:

Please select which industry you will be working:

- | | |
|---|---|
| <input type="checkbox"/> Agriculture, forestry and fishing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Electricity, gas, water and waste services |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Wholesale trade |
| <input type="checkbox"/> Accommodation and food services | <input type="checkbox"/> Transport postal and warehousing |
| <input type="checkbox"/> Information media and telecommunications | <input type="checkbox"/> Financial and insurance services |
| <input type="checkbox"/> Rental, hiring and real estate services | <input type="checkbox"/> Professional, scientific and technical |
| <input type="checkbox"/> Administrative and support services | <input type="checkbox"/> Public administration and safety |
| <input type="checkbox"/> Education and training | <input type="checkbox"/> Health care and social assistance |
| <input type="checkbox"/> Arts and recreation services | <input type="checkbox"/> Other |

Organisation's registration number:

Organisation's address:

Is the above company address the address your work will be undertaken?

Yes No

If no

Address you will be working:

Travel Details

Continued...

If yes

Period of work:

Date from:

Date to:

Contact person at organisation:

Name:

Position:

Phone number:

Email address:

Please give details of any qualifications, skills or experiences that are relevant to your proposed work in Australia:

Funding Details

Will you receive payment for undertaking the work activity in Australia?

Yes No

If yes

Who will pay you?

Current employer

Organisation in Australia to which you will provide services

Please give details of how you will fund your stay in Australia:

Employment Details

Employment status:

Employed Unemployed Self-employed

Student Retired

If employed

Occupation:

Start date:

Employer name:

Trading name:

Employer website:

Employer address:

Employer business registration type:

Employer business registration ID/Number:

Please provide contact details of a contact person in the business who could be contacted with enquiries regarding this application if needed:

Name:

Position:

Phone number:

Email address:

Education Details

Will you be undertaking any formal studies or training whilst in Australia?

Yes No

If yes

Course of study:

Are you currently, or have you ever been, an AusAID subsidised student?

Yes No

Health Declarations

In the last five years, have you visited or lived in a country other than the country of your passport for more than three consecutive months? Do not include time spent in Australia.

Yes No

If yes

Country:

Date from: DD/MM/YYYY

Date to: DD/MM/YYYY

Do you intend to enter a hospital or health care facility (including a nursing home) while in Australia?

Yes No

Do you intend to work as, or study or train to be, a health care worker or work within a health care facility while in Australia?

Yes No

Do you intend to work, study or train within aged care or disability care while in Australia?

Yes No

Do you intend to work or be a trainee at a child care centre disability care while in Australia?

Yes No

Do you intend to be in a classroom situation for more than 3 months, as either a student, teacher, lecturer or observer?

Yes No

Do you have, have you ever had, or been in close contact with tuberculosis?

Yes No

Health Declarations

During your stay in Australia, do you expect to incur medical costs, or require treatment or medical follow up for blood disorder, cancer, heart disease, hepatitis B or C and/or liver disease, HIV infection, kidney disease, mental illness, pregnancy or respiratory disease?

Yes No

Do you require ongoing medical care or need special equipment, assistive technology or assistance from others for daily living?

Yes No

If you have answered yes to any of the above Health Declaration questions, you must provide further detail:

Character Declarations

Have you ever been excluded from or asked to leave any country? (including Australia)

Yes No

Have you ever been charged with, or indicted for: genocide, war crimes, crimes against humanity, torture, slavery, or any other crime that is otherwise of a serious international concern?

Yes No

Have you ever been directly or indirectly involved in, or associated with, activities which would represent a risk to national security in Australia or any other country?

Yes No

Do you have any outstanding debts to the Australia Government

Yes No

Have you ever been involved in the illegal movement of people to any country?

Yes No

Have you ever served in a military force, police force, state sponsored / private militia or intelligence agency (including secret police)?

Yes No

If you have answered yes to any of the above Character Declaration questions, you *must* provide further detail:

Please provide as much detail as possible, including dates, locations and resulting sentences where appropriate.

Applicant Declarations

I, the applicant, declare that:

I have read and understood the information provided to me in this application:

Yes No

I have provided complete and correct information in every detail on this form, and any attachments to it.

Yes No

I understand that if any fraudulent documents or false/misleading information has been provided in this application, or if I fail to satisfy the Minister of their identity, the application may be refused and I, and any member of my family unit, may become ineligible for a visa for a specified period of time.

Yes No

I understand that if documents are found to be fraudulent or information to be incorrect after the grant of the visa, the visa may subsequently be cancelled.

Yes No

I understand that if this application is approved, any person not included in this application will not have automatic right of entry into Australia.

Yes No

I will inform the Department in writing immediately as I become aware of a change in circumstances (including change of address) or if there is any change relating to information I have provided in or with this application while it is being considered.

Yes No

I have read the information contained in the Privacy Notice (Form 1442i).

Yes No

I understand that the department may collect, use and disclose the applicant's personal information (including biometric information and other sensitive information) as outlined in the Privacy Notice (Form 1442i).

Yes No

I give consent to the collection of their fingerprints and facial image if required.

Yes No

I understand that, if required to provide my fingerprints and facial image, the information held by the Department may be given to Australian law enforcement agencies to help identify the applicant and determine eligibility for grant of the visa being applied for, and for law enforcement purposes.

Yes No

Applicant Declarations

I, the applicant, declare that:

I give consent to the Department using my biometric, biographical and criminal record information obtained for the purpose of the Migration Act 1958 or the Citizenship Act 2007.

Yes No

I understand that if my visa ceases to be in effect and I do not hold another visa to remain in Australia at that time, I will be an unlawful non-citizen under the Migration Act 1958. As such, I will be expected to depart from Australia, and be subject to removal under the Migration Act 1958.

Yes No

Additional writing space if required:

Additional writing space if required:

Please tick to confirm your application details:

- I, the applicant, hereby certify that I have read, or have had read to me, all the questions and statements on this application and understand all the questions and statements on this application. The answers and information furnished in this application are true and correct to the best of my knowledge and belief.

Print name (BLOCK CAPITALS):

Date: DD/MM/YYYY



Who should use this form?

This form should be used to notify the Department of Home Affairs (the Department) that you are:

- **appointing** an authorised recipient to receive documents that the Department would otherwise have sent to you; or
- **withdrawing the appointment** of your authorised recipient.

Return the completed form to the office where you lodged your application or for any other matter (eg. proposed visa cancellation), to the office of the Department that is responsible for that matter. If you are unsure which office is responsible for your matter, this form may be submitted to the nearest office of the Department.

Do not use this form if:

- you are **appointing a registered migration agent, Australian legal practitioner or exempt person** to provide you with immigration assistance and they will also be your authorised recipient.

In this case the registered migration agent, Australian legal practitioner or exempt person should complete form 956 *Appointment of a registered migration agent, legal practitioner or exempt person*.

Who is an exempt person?

The following people do not have to be registered as migration agents or be an Australian legal practitioner in order to provide immigration assistance:

- a close family member (spouse, child, adopted child, parent, brother or sister);
- a sponsor or nominator of a visa applicant;
- a member of parliament or their staff;
- an official whose duties include providing immigration assistance;
- a member of a diplomatic mission, consular post or international organisation.

An exempt person must not charge a fee for their service. It is an offence for an exempt person to charge a fee for providing immigration assistance and penalties of up to 10 years jail can apply.

Australian legal practitioner

Australian legal practitioner means a lawyer who holds a practising certificate (whether restricted or unrestricted) granted under a law of a State or Territory.

Authorised recipient

An authorised recipient is a person appointed to receive documents from the Department relating to matters arising under the *Migration Act 1958* (the Act) or the Migration Regulations 1994 on behalf of another person.

The most common times an authorised recipient would be appointed is during visa application processes, visa cancellation processes, sponsorship processes (including monitoring or sanctions) or ministerial intervention requests.

The Department cannot discuss matters relating to you with the authorised recipient unless they are also acting on your behalf as your registered migration agent, Australian legal practitioner or exempt person, or you have separately provided the Department with consent to disclose your personal information to them.

You may only appoint one authorised recipient at any time for a particular application or matter. The Department will send documents to the most recently appointed authorised recipient.

The Department is required under the Act to send your authorised recipient any documents relating to your matter (eg. visa application or cancellation of a visa), that would otherwise have been sent to you. Under most circumstances, you will not receive a separate copy of the documents. You are taken to have received any documents sent to your authorised recipients as if they had been sent to you.

You should be aware that the documents sent to your authorised recipient might include sensitive information about matters such as your health and character.

If you change your authorised recipient or end their appointment you must promptly advise the Department. You may use this form for that purpose.

Dependent applicants

All persons listed on this form will be considered to have appointed the same authorised recipient.

If a person 16 years of age or older wants to appoint a different authorised recipient they should complete a separate form 956A.

Consent to communicate electronically

The Department may use a range of means to send documents to your authorised recipient. However, electronic means such as fax or email will only be used if your authorised recipient indicates their agreement to receiving documents on your behalf in this way.

To process your matter with the Department (such as visa application or visa cancellation action), the Department may need to communicate with you about sensitive information, for example, health, police checks, financial viability and personal relationships. This means the information may be contained in the documents that are sent to your authorised recipient. Electronic communications, unless adequately encrypted, are not secure, and any information about you sent electronically to your authorised recipient may be viewed by others or interfered with. If your authorised recipient agrees to the Department sending your documents to them by electronic means, the details they provide will only be used by the Department for the purpose of sending documents. They will not be added to any mailing list.

The Australian Government accepts no responsibility for the security or integrity of any information sent to the Department over the internet or by other electronic means.

Important information about privacy

Your personal information is protected by law, including the *Privacy Act 1988*. Important information about the collection, use and disclosure (to other agencies and third parties, including overseas entities) of your personal information, including sensitive information, is contained in form 1442i *Privacy notice*. Form 1442i is available from the Department's website **www.homeaffairs.gov.au/allforms/** or offices of the Department. You should ensure that you read and understand form 1442i before completing this form.

Home page **www.homeaffairs.gov.au**

General enquiry line Telephone **131 881** during business hours in Australia to speak to an operator (recorded information available outside these hours). If you are outside Australia, please contact your nearest Australian mission.

Please keep these information pages for your reference



Appointment or withdrawal of an authorised recipient

Please open this form using Adobe Acrobat Reader.
Either type (in English) in the fields provided or print this form and complete it (in English) using a pen and BLOCK LETTERS.

Tick where applicable

1 Are you using this form to notify the Department that you are:

appointing an **Complete Part A and Part C**
authorised recipient You do not need to complete Part B

withdrawing the **Complete Part B and Part C**
appointment of an authorised recipient You do not need to complete Part A

Part A – New appointment

Your details

- 2 Are you a: visa applicant
(tick one only) sponsor or sponsor applicant
nominator or nominator applicant
proposer or proposer applicant
visa holder whose visa is being considered for
cancellation or has been cancelled
person requesting ministerial intervention

3 Do you have a Home Affairs (HA) Client ID number (CID)?
No
Yes HA Client ID number (CID)

4 Full name *(For an organisation, provide the name of the contact person)*
Title: Mr Mrs Miss Ms Other
Family name
Given names

5 Date of birth
DAY MONTH YEAR

6 Organisation name *(if applicable)*

7 Business or residential address

POSTCODE

8 Address for correspondence
(If the same as business or residential address, write 'AS ABOVE')

POSTCODE

9 Telephone numbers

COUNTRY CODE AREA CODE NUMBER
Office hours () ()
Mobile/cell

10 Names of **other persons** 16 years of age or older who are appointing the same authorised recipient in relation to the same matter

1. Family name
Given names
2. Family name
Given names
3. Family name
Given names

If there are more than 3 other persons, give details at Question 30

11 Have you appointed a registered migration agent, Australian legal practitioner, or exempt person to provide you with immigration assistance?

No
Yes Give details of the registered migration agent, Australian legal practitioner, or exempt person

Family name
Given names

If applicable:

Migration Agent Registration Number (MARN)
7 DIGITS

Note: Your registered migration agent, Australian legal practitioner or exempt person should complete form 956 *Appointment of a registered migration agent, legal practitioner or exempt person*

Part B – Withdrawing an appointment

20 Your details

Full name (For an organisation, provide the name of the contact person)

Family name

Given names

Date of birth

Organisation name (if applicable)

Telephone numbers
Office hours

Mobile/cell

HA Client ID number (CID) (if known)

21 Names of other persons 16 years of age or older who are withdrawing the appointment of the same authorised recipient in relation to the same matter

1. Family name
Given names

2. Family name
Given names

3. Family name
Given names

Your contact details

22 Business or residential address

POSTCODE

Telephone number
Office hours

23 Address for correspondence (If the same as business or residential address, write 'AS ABOVE')

POSTCODE

24 Do you agree to the Department communicating with you by fax, email or other electronic means?

No

Yes Give details

Fax number

Email address

25 Authorised recipient's details

Full name

Family name

Given names

26 Are you withdrawing the appointment of an authorised recipient in relation to an application process, a cancellation process or another matter (eg. sponsorship monitoring and sanction activity by the Department, or only one stage of a two stage visa application, or ministerial intervention)?

Application process

Type of application

Date lodged

Cancellation process

Subclass of visa

Date visa granted

Another matter – give details

If insufficient space, give details at Question 30

27 Provide the HA ID number (if known) attached to the matter in relation to which you are withdrawing your appointment of the authorised recipient

HA Request ID number (RID)

HA Transaction Reference Number (TRN)

Part C – Declarations

Authorised recipient declaration

28 Tick one only

Appointment

I understand that:

- I have been appointed by the persons named in Part A of this form to be their authorised recipient; and
- as the authorised recipient all documents that would otherwise be sent to the persons named in Part A will be sent to me, including by electronic means as indicated in Question 19 (if applicable).

Withdrawal of appointment

I understand that I am no longer acting as authorised recipient for the persons named in Part B of this form in relation to the matter indicated in Part B of this form.

Signature of authorised recipient



DAY MONTH YEAR

Date

Your declaration

29 Tick one only

Appointment

I declare that I have appointed the authorised recipient named in Question 14 of this form to receive all documents relating to the matter indicated in Question 12 on my behalf.

Withdrawal of appointment

I declare that the authorised recipient named in Question 25 of this form is no longer authorised to receive documents relating to the matter indicated in Question 26 on my behalf.

I understand that future correspondence from the Department will be sent to the last address that I have provided in Question 22, 23 or 24.

I will inform the Department of any changes to my address for correspondence.

I declare that:

- I have read the information contained in form 1442i *Privacy notice*.
- I understand the Department may collect, use and disclose my personal information (including biometric information and other sensitive information) as outlined in form 1442i *Privacy notice*.

Your signature



DAY MONTH YEAR

Date

Signatures of **other persons** 16 years of age or older who are appointing or withdrawing the appointment of the same authorised recipient in relation to the same matter

Signature



DAY MONTH YEAR

Date

Signature



DAY MONTH YEAR

Date

Signature



DAY MONTH YEAR

Date

We strongly advise that you keep a copy of this form for your records.

