



Working Holiday 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 for a Working Holiday visa

Form

1150

Note: Any reference in this form to 'country' refers to 'foreign country' which is defined in paragraph 22(1) (f) of the *Acts Interpretation Act 1901* as any country (whether or not an independent sovereign state) outside Australia and the external Territories.

Part A – Your details

1 Your full name as it appears on your passport

Family name

Given names

2 Have you been known by any other names?
(including name at birth, previous married names, aliases)

No Yes Give details

3 Sex Male Female

4 Date of birth

5 Place of birth

Town/city

Country

6 Marital Status

7 Details from your passport

Passport number

Country of passport

Date of issue

Date of expiry

Issuing authority/
Place of issue as
shown in your
passport

Do you hold any citizenship other than that shown as your country of passport above?

No Yes Give details

Note: Most visa applicants will be required to hold a valid passport before they can be granted a visa. It is strongly recommended that the passport be valid for the entire period of your stay in Australia.

If you change your passport after you have been granted the visa you must notify the nearest Australian mission or office of the department.

If you do not provide us with the details of any new or additional passport you use to travel to Australia, you will experience significant delays at the airport and could be denied permission to board your plane.

8 Identity number (if applicable). For example, national identity card, social security card.

9 Usual occupation

10 Qualifications

Continued on the next page ►

11 Current residential address
(If applying in Australia, please give your current address in Australia)
Note: A post office box address is not acceptable as a residential address. Failure to give a residential address will result in your application being invalid.

POSTCODE

12 Address for correspondence
(This may be required by the department to communicate with you about your application. If the same as your residential address, write 'AS ABOVE')

POSTCODE

13 Your telephone numbers

Mobile

COUNTRY CODE	AREA CODE	NUMBER
()	()	()

Office hours

After hours

14 Do you agree to the department communicating with you by fax, e-mail, or other electronic means? *(Providing an e-mail address will allow for more efficient processing of your application)*

No
 Yes ► Give details

Fax number

COUNTRY CODE	AREA CODE	NUMBER
()	()	()

E-mail address

15 Do you want to be contacted by the Department of Employment and Workplace Relations regarding seasonal work opportunities in regional Australia?

No
 Yes ► Please provide your contact details
(If the same as at Question 14, write 'AS ABOVE')

Mobile number

E-mail address

16 Do you have sufficient funds for the initial period of your stay in Australia?
Note: You may be asked to provide evidence (eg. bank statement).

No
 Yes

17 Do you have any dependent children?

No
 Yes

18 Have you been granted a Working Holiday visa to Australia before?

No ► Go to Question 20
 Yes ► Give details

Name

Place of application

Visa label number

Or, if granted a visa without a label, please provide the 13-digit visa grant number, as shown on the letter notifying the applicant of the grant of the visa.

Visa grant number

Did you enter Australia on this visa?

No ► Go to Question 20
 Yes ► Date of entry to Australia

DAY	MONTH	YEAR
/	/	/

19 Have you undertaken 3 months of seasonal work in regional Australia as a working holiday maker?

No ► You are not eligible to apply for a second Working Holiday visa.
 Yes ► Please attach evidence of 3 months of seasonal work in regional Australia.

Note: Acceptable evidence of 3 months of seasonal work in regional Australia may be any of the following:

- completed form 1263 *Working Holiday visa: Employment Verification*; or
- certified copies of payslips, tax returns, group certificates, and employer references.

20 Date of proposed travel if applying for your visa from outside Australia

DAY	MONTH	YEAR
/	/	/

21 What type of employment do you intend to seek during your stay?

Part B – Health details

22 In the last 5 years, have you visited or lived outside your country of usual residence for more than 3 consecutive months?

No

Yes ► Give details

Name							
Country(s)							
Date From	DAY	MONTH	YEAR	to	DAY	MONTH	YEAR
	/	/			/	/	

Name							
Country(s)							
Date From	DAY	MONTH	YEAR	to	DAY	MONTH	YEAR
	/	/			/	/	

Name							
Country(s)							
Date From	DAY	MONTH	YEAR	to	DAY	MONTH	YEAR
	/	/			/	/	

Name							
Country(s)							
Date From	DAY	MONTH	YEAR	to	DAY	MONTH	YEAR
	/	/			/	/	

23 Do you:

- intend entering an Australian hospital (*including nursing homes*) for work, training, treatment or visiting?
- intend to work in an Australian preschool-aged child care centre (*including preschools and creches*) as an employee or trainee?
- intend to work or study in a classroom environment for more than 4 weeks?

No

Yes ► Please give full details

24 Have you:

- ever had, or do you 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 give full details

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

- blood disorder
- cancer
- heart disease
- hepatitis
- 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 ► Please give full details

26 Do you require assistance with mobility and/or care?

No

Yes ► Give details of the care/mobility concerns that apply to you and how they are addressed.

27 Do you intend performing medical/dental/nursing procedures (eg. as a doctor, dentist, nurse.) during your stay in Australia?

No

Yes ► Give details of medical/dental/nursing procedures you may be involved with in Australia.

28 Do you hold health insurance to cover your stay in Australia?

Note: Please see page 3 of this form for further information about health insurance.

No

Yes

Continued on the next page ►

Part F – Authorised recipient consent

- 33** 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

Fax number

COUNTRY CODE	AREA CODE	NUMBER
()	()	

E-mail address

- 34** 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 I

Part G – Agent details

- 35** 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

Office hours

COUNTRY CODE	AREA CODE	NUMBER
()	()	

Mobile phone

Part H – Agent consent

- 36** 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

- 37** 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
/	/	

Continued on the next page ▶

