



Pita Travel & Tours

Unit 203 RVGS Commercial Bldg. No. 84 Gloria Diaz St. BF Resort, Las Piñas 1747

Contact us: (02) 72146327 | +63 9175037482 | +63 9215555353

Email: inquiry@pitatravelandtours.com | pitatravelandtours@gmail.com

Website: www.pitatravelandtours.com

AUSTRALIAN VISA APPLICATION

(Please do not leave anything blank. Incomplete form will not be processed.)

PART A - Your details

Name (as it appears on the passport): _____ Gender: _____

Other names you use or have been known by: _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____ Marital Status: _____

Complete Home Address: _____

Country: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

Passport No: _____ Issuing Authority: _____

City Issued: _____ Country Issued: _____

Issuance Date: _____ Expiration Date: _____

Do you currently hold an Australian Visa? YES__ NO__

Have you applied for a Parent (subclass 103) visa? YES__ NO__

Do you currently hold, or have you applied for, an APEC Business Travel Card (ABTC)? YES__ NO__

**Note: If this visa application is approved, the Australian Visa associated with your ABTC will cease.*

PART B - Family travelling to Australia with you

Are you travelling to, or are you currently in, Australia with any family members? YES__ NO__

Full name	Relationship to you	Name of sponsor (if applicable)

PART C - Family not travelling to Australia with you

Do you have a partner, any child, or fiancé who will not be travelling, or has not travelled to Australia with you? YES__ NO__

Full Name	Date of Birth	Relationship to you	Their address while you are in Australia



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PART D - Details of your visit to Australia

Is it likely you will be travelling from Australia to any other country (eg. New Zealand, Singapore, Papua New Guinea) and back to Australia? YES__ NO__

Do you have any relatives in Australia? YES__ NO__

Full name	Date of Birth	Relationship to you	Address	Citizen or permanent resident of Australia	
				YES	NO

Do you have any friends or contacts in Australia? YES__ NO__

Full name	Date of Birth	Relationship to you	Address	Citizen or permanent resident of Australia	
				YES	NO

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

Do you intend to do a course of study while in Australia? YES__ NO__

Name of the course: _____ Name of the institution: _____

How long will the course last? _____

PART E - Health details

In the last five (5) years, have you visited or lived outside of your country of passport for more than three (3) consecutive months? YES__ NO__

- Country: _____ Date from: _____ to: _____
- Country: _____ Date from: _____ to: _____
- Country: _____ Date from: _____ to: _____
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Do you intend to enter a hospital or health care facility (including nursing homes) while in Australia?

YES__ NO__ Give details: _____

Do you intend to work as, or study to be, a doctor, dentist, nurse, or paramedic during your stay in Australia?

YES__ NO__ Give details: _____

Have you:

- ever had, or currently have, tuberculosis?
- been in close contact with a family member that has active tuberculosis?
- ever had a chest x-ray which showed an abnormality?

YES__ NO__ Give details: _____

During your proposed visit to 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, including AIDS; kidney disease, including dialysis; mental illness; pregnancy; respiratory disease that has required hospital admission or oxygen therapy; other?

YES__ NO__ Give details: _____

Do you require assistance with mobility or care due to a medical condition?

YES__ NO__ Give details: _____

Have you undertaken a health examination for an Australian Visa in the last 12 months?

YES__ NO__ Give details (including HAP ID if available): _____

**Note: If you are applying for a long stay Visitor visa or are 75 years or over, you will be asked to undergo a health assessment and may be asked to show that you have medical insurance to cover your intended stay in Australia. Please contact your nearest office of the Department for further advice before lodging your application. If additional medical consultations are required, a decision on your visa application will be delayed.*

PART F - Character details

Have you ever:

- been charged with any offence that is currently awaiting legal action?
- been convicted of an offence in any country (including any conviction which is now removed from official records)?
- been the subject of an arrest warrant or Interpol notice?
- been found guilty of a sexually based offence involving a child (including where no conviction was recorded)?
- been named on a sex offender register?
- been acquitted of any offence on the grounds of unsoundness of mind or insanity?
- been found by a court not fit to plead?
- been directly or indirectly involved in, or associated with, activities which would represent a risk to national security in Australia or any other country?
- 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?



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- been associated with a person, group or organization that has been/is involved in criminal conduct?
- been associated with an organization engaged in violence or engaged in acts of violence including war, insurgency, freedom fighting, terrorism, protest) either overseas or in Australia?
- served in a military force, police force, state sponsored/private militia or intelligence agency (including secret police)?
- undergone any military/paramilitary training, been trained in weapons/explosives or in the manufacture of chemical/biological products?
- been involved in people smuggling or people trafficking offences?
- been removed, deported, or excluded from any country (including Australia)?
- overstayed a visa in any country (including Australia)?
- had any outstanding debts to the Australian Government or any public authority in Australia?

If you answered 'Yes' to any of the questions above, give all relevant details below:

PART G - Employment status

Current Occupation: _____ Employer/School: _____

Address: _____ Country/Region: _____

City: _____ Postal Code: _____

Office Number: _____ Monthly Salary (if employed): PHP _____

Briefly describe your Duties/Responsibilities: _____

Were you previously employed? _____ Employer Name: _____

Employer Number: _____ Employer Address: _____

Country/Region: _____ Postal Code: _____

Job Title: _____ Supervisor's Name: _____

Employment Date From: _____ To: _____

Briefly describe your Duties/Responsibilities: _____

*If Unemployed, explain why: _____

PART H - Funding for stay

Give details of how you will maintain yourself financially while you are in Australia:



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Is your sponsor or someone else providing support for your visit to Australia? **Note: This includes support from an organization.*

YES__ NO__ Give details: _____

Full name	Date of Birth	Relationship to you	Address	Type of support provided

PART I - Previous applications

Have you ever:

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

If you answered 'Yes' to any of the above questions, give details:

I attest that all the given information are true and correct.

Signature over Printed Name/Date

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