



Sponsorship for temporary residence in Australia (non business)

55

Details of sponsor

1 Details of SPONSOR in Australia

Name of sponsor **BUNDABERG HEALTH SERVICE DISTRICT**

Address **BUNDABERG BASE HOSPITAL
BOURBONG STREET
BUNDABERG**

Australian Business Number (if applicable) **N/A**

POSTCODE **4670**

2 Do you agree to DIMIA communicating with you by facsimile, e-mail, or other electronic means?

No
Yes Give details

Facsimile number (AREA CODE) **02 194751336**

E mail address **SUZ@WAVE.COM.AU**

3 Will the sponsor be paying the salary of the nominee?

Name of employer paying salary
Address

No Give details
Yes

POSTCODE

4 Nature of business

HOSPITAL

5 Details of employees

How many people are employed by the employer in Australia? **800+**
How many are in the same occupation as the sponsored position? **1 + 2 VMC'S**
How many employees are not Australian citizens or residents? **22**

6 Details of overseas organisation affiliated to the employer (if applicable)

Name of organisation **N/A**
Address

POSTCODE

7 Is this the first sponsorship by this sponsor?

No Yes Attach the latest annual report and other information outlining the sponsor's activities in Australia

Details of employment offered

8 Job title

SENIOR MEDICAL OFFICER

9 Occupation (if not described by job title)

10 Is the position

Full time Part time

11 Proposed period of employment in Australia (start, end date)

1 YEAR

Continued on the next page \rightarrow

- 12 Location of employment: City/Town **BUNDABERG** Postcode **4670**
- 13 Details of salary package
 Annual salary **\$ 92,878**
 OR tick if attached
 Other benefits **CAR + ACCOMMODATION (\$150 per week) PROVIDED**
- 14 Job description
 OR tick if attached
- 15 Qualifications and essential skills required for the position
MBBS or MBChB
 OR tick if attached

Labour market details

- 16 Is the position part of a labour agreement or regional headquarters agreement (RHQ)?
 No Go to question 17
 Yes Give details
 Labour agreement
 Name of labour or RHQ agreement _____
 Occupation title _____
 Go to question 18
- 17 Was Labour Market Testing required?
 - Review the Notice of Vacancies Schedule of the Government Gazette for the requirements for advertising the position.
 No Give details
 Not required for the subclass of visa Visa subclass _____
 Not required for the intended period of stay
 Position is for senior _____
 Other Please attach details
 Yes Give details of the efforts you made to obtain suitable staff from the Australian workforce

POSITION HAS BEEN ADVERTISED A NUMBER OF TIMES OVER THE PAST 6 MONTHS. THERE HAVE BEEN NO AUSTRALIAN APPLICANTS.

THIS DOCTOR IS CONSIDERED TO BE SUITABLE WITH HIS OVERSEAS QUALIFICATIONS.

- Attach copies of newspaper and other advertisements, the list of applicants and the reasons for non-selection
- If you were required to lodge the vacancy with a job placement service provider, attach a printout of the vacancy record, or a lodgement waiver (if applicable) from the service provider.
- If Labour Market Testing was required but NOT done, attach a statement giving reasons why it was not done and why it is necessary to engage staff from overseas

Continued on the next page

Details of nominee and family members included in the sponsorship

18 Details of nominee

Family name PATEL
 Given names JAYANT
 Sex Male Female
 Date of birth DAY MONTH YEAR
 10 04 1950
 Citizenship
 Address 3739 NW BLUEGRASS PLACE
 PORTLAND
 OREGON 97229, U.S.A.
 Office hours (AREA CODE)
 After hours (AREA CODE) +1 503 629 8129

19 Where will the nominee apply for their visa?

LCS ANGELES

20 Proposed date of arrival in Australia (if known)

DAY MONTH YEAR
 15 03 2003

21 Give details of family members who will accompany or join the nominee in Australia during the term of the sponsorship

Family member includes spouse, partner, child, dependent child, dependent unmarried dependent relative

Family name
 Given names
 Date of birth DAY MONTH YEAR
 Relationship to nominee
 Citizenship of passport
 Family name
 Given names
 Date of birth DAY MONTH YEAR
 Relationship to nominee
 Citizenship of passport
 Family name
 Given names
 Date of birth DAY MONTH YEAR
 Relationship to nominee
 Citizenship of passport

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Documents you must attach

- 22 Please attach the following documents to this application if you have ticked the 'attached' box in response to any question or if the document is listed as a requirement for your nominee's visa subclass
Take a copy of the documents for your own records

Documents	Attached?
Q1 Evidence, such as financial or annual reports, bank statements, audit reports, a statement on company letterhead, or other material to show <ul style="list-style-type: none"> the type of business the company is operating, recent business undertakings, financial status, the size of the business including the number of employees and the location of offices or plants, and how long the company has been operating 	
Q13 Details of salary package	
Q14 Job description	✓
Q15 Details of qualifications and essential skills required for the position	
Q21 Details of additional family members	
Other attachments as listed for the nominee's visa subclass	✓

OLD MS APPROVAL LETTER

Authorising another person

- 23 Do you want to authorise another person to act and receive communication about this application/sponsorship on your behalf?
- No
- Yes After you have completed this page, complete form 956 (Authorisation of person to act and receive information on the next page)
(For further information on authorising another person to act and receive information, read the information at the end of the form.)

Your sponsorship undertaking

- 24 I declare as sponsor/sponsorship agent:
- all financial commitments to the sponsor/visa agent for the nominee and dependents of the nominee as set out in Schedule 1
 - compliance by the nominee with all relevant legislation and laws in relation to his employment undertaken by the sponsor/visa agent
 - unless the nominee is the spouse of the sponsor, compliance by the nominee with the conditions under which the visa was granted to the nominee

Signature of sponsor or delegated officer of sponsor

Name
Job title/position
Date

[Handwritten Signature]
DR KEES NYDAM
A / DIRECTOR OF MEDICAL SERVICES
DAY MONTH YEAR
5 1 03



If this form was completed by a **business** with fewer than 20 employees, please provide an **estimate** of the time taken to complete this form.

Include

- the time actually spent reading the instructions, working on the questions and obtaining the information
- the time spent by all employees in collecting and providing this information

Hours

Minutes



Authorisation of person to act and receive communication

Authorisation by applicant or sponsor or Business Skills visa holder

SPONSOR: -

(Family name) **NYDAM, DR KEES**
 (Given names) **FOR BUNDABERG**
DAY MONTH YEAR **HOSPITAL**
 (Date of birth)

(current residential address)

BUNDABERG BASE HOSPITAL
PO BOX 34
BUNDABERG POSTCODE **4670**

I authorise the following person to act on my behalf in relation to my visa application:

OR

(Small text regarding consent and communication)

(Small text regarding DIMIA and communication)

Is this authorisation made in connection with an existing application?

No

Yes Give details of your existing application

Client number or file number or application receipt number

At which office was that application made?

Details of authorised person

Title Mr Mrs Miss Ms Other

Family name **TAWSE**

Given names **SUZY ELIZABETH**

Authorised person's postal address

WAVELENGTH CONSULTING
LEVEL 2, 257A OXFORD STREET
PADDINGTON, NSW POSTCODE **2021**

COUNTRY CODE AREA CODE NUMBER
 Telephone number **+61 11 02 9332 3368**

Migration Agent Registration Number **N/A** 7 DIGIT NUMBER

Applicant's signature

Date DAY MONTH YEAR
7 7 03

Consent by authorised person for e-communication

As the authorised person named on this form, do you agree to DIMIA communicating with you by fax, mail, e-mail, or other electronic means?

No

Yes Give details

COUNTRY CODE AREA CODE NUMBER
 Facsimile number **+61 11 02 9475 1336**

E-mail address **SUZY@WAVE.COM.AU**

Authorised person's signature

DAY MONTH YEAR
 Date **03 01 2003**