



Australian Government

Department of Immigration and Multicultural and Indigenous Affairs

DWK9

Sponsorship for temporary residence in Australia (non business)

Form

55

Details of sponsor

1 Details of SPONSOR in Australia

Name of sponsor

Bundaberg Health Service District

Address

Bundaberg Base Hospital
Darling Street
Bundaberg POSTCODE 4670

Australian Business Number (if applicable)

N/A

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 07) 41502219

E-mail address

Note: If this application is refused, you will be notified by mail

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

Yes

No Give details

Name of employer paying salary

Address
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? 12 vmo's

How many employees are not Australian citizens or residents? 22.

6 Details of employees 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

Director of Surgery

9 Occupation (if not described by job title)

10 Is the position

Full-time

Part-time

11 Proposed period of employment in Australia (years, months)

1 YEAR

12 Location of employment

City/Town

Bundaberg POSTCODE 4670

13 Details of salary package

Annual salary \$96,428.80

Other benefits

CAR + ACCOMMODATION Provided.

OR tick if attached

14 Job description

OR tick if attached

19 COI.0001.0003.00057

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 (R+HQ)?

No
 Yes Give details

Labour agreement

 Name of labour or R+HQ agreement

 Occupation title

▶▶ Now go to Question 18

17 Was Labour Market Testing required?

(Refer to the Notes on pages 4 and 5 of this form which detail the requirements for each visa subclass)

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

- 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 (certified by a job placement 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.

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 10/04/1950
 Country of birth India
 Citizenship _____
 Address
PO Box 34
Barbong Street
Bundaberg POSTCODE 4670
 Office hours (AUSA CODE) 07 41521222
 After hours (AUSA CODE) _____

19 Where will the nominee apply for the visa?

Brisbane

20 Proposed date of arrival in Australia (if overseas)

15/3/03

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, unmarried dependent children and certain unmarried dependent relatives)

Family name _____
 Given names _____
 Sex Male Female
 Date of birth _____
 Relationship to nominee _____
 Citizenship of passport _____
 Family name _____
 Given names _____
 Sex Male Female
 Date of birth _____
 Relationship to nominee _____
 Citizenship of passport _____

Family name

Given names

Sex Male Female

Date of birth

Relationship to nominee

Citizenship of passport

Family name

Given names

Sex Male Female

Date of birth

Relationship to nominee

Citizenship of passport

Assistance with this form

22 Did you receive assistance in completing this form?

No Go to Question 25

Yes Please give details of the person who assisted you

Family name (not a business or company name)

Given names

Address

23 Is the person a registered migration agent?

No

Yes Go to Question 25

24 Did you pay the person and/or give a gift for this assistance?

No

Yes How much did you pay?

AND/OR

What kind of gift did you give? (eg. jewellery)

Value of gift (approximately)

Options for receiving written communications

25 All written communications about this application should be sent to: (Tick one box only)

Myself All written communications will be sent to the address for communications that you have provided in this form. Go to Question 33

Migration agent Go to Question 30

Authorised person This is a person authorised to receive written communications other than a migration agent. All written communications that would otherwise have been sent to you in relation to this application will be sent to that person.

26 Do you want the authorised person to receive requests for medical investigation or information about your health, or the health of your spouse or dependants, that may arise or be revealed in the course of this application?

No

Yes

Authorised person details

Note: Do NOT complete this section if you are a migration agent, go to Question 30

27 Provide the name and address of the person who is authorised on your behalf to receive all written communications about this application.

Title: Mr Mrs Miss Ms Other

Family name

Given names

Authorised person's postal address

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

No Yes Give details

Facsimile number

E-mail address

Note: If this application is refused, you will be notified by mail

29 I understand and accept that I am the person authorised by the applicant to receive all written communications about this application.

Signature of authorised person

Date

Now go to Question 33

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Migration agent details

30 Provide the details requested below about the migration 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

:	:	:	:	:
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Title: Mr Mrs Miss Ms Other

Family name

Given names

Business or company name

Postal address

POSTCODE

Telephone number

31 As the migration agent named on this form, do you agree to DIMIA communicating with you by facsimile, e-mail or other electronic means?

No Yes Give details

Facsimile number

E-mail address

Note: If this application is refused, you will be notified by mail

32 I understand and accept that I am the person appointed by the applicant to receive all written communications and act as his/her migration agent.

Signature of migration agent

Date

Payment details

33 How will you pay your application charge? (If applying in Australia, EFTPOS or credit card are the preferred methods of payment.)

Bank cheque If applying outside Australia, please check with the diplomatic mission where you intend to lodge your application that you may pay by cheque.

Money order

EFTPOS This option is available in Australia only. It is not available for mailed applications.

Credit card Give details below
 Note: This option is available where applications are made in Australia. If you are making the application outside Australia and wish to pay by credit card, please check with the Australian mission about the availability of this option.

Payment by (tick one box)

Australian Dollars

MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>	<input style="width: 90%; height: 30px;" type="text" value="AS"/>
Bankcard <input type="checkbox"/>	Diners Club <input type="checkbox"/>	
American Express <input type="checkbox"/>	JCB <input type="checkbox"/>	

Credit card number

Expiry date /

Cardholder's name

Telephone number

Address

POSTCODE

Signature of cardholder

Credit card information will be used for charge paying purposes only

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Documents you must attach

- 34 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?
Q7	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. 	<input type="checkbox"/>
Q13	Details of salary package	<input checked="" type="checkbox"/>
Q14	Job description	<input checked="" type="checkbox"/>
Q15	Details of qualifications and essential skills required for the position	<input type="checkbox"/>
Q21	Details of additional family members	<input type="checkbox"/>
	Other attachments as listed for the nominee's visa subclass	<input type="checkbox"/>



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

Your sponsorship undertaking

- 35 We accept responsibility for:

- all financial obligations to the Commonwealth incurred by the nominee arising out of the nominee's stay in Australia, and
- compliance by the nominee with all relevant legislation and awards in relation to any employment entered into by the nominee in Australia,
- unless the Minister otherwise decides, compliance by the nominee with the conditions under which the nominee was allowed to enter Australia.

Signature of sponsor or delegated officer of sponsor

[Handwritten Signature]

Name

Dr D. Keating

Job title/position

Director of medical Services

Date

DAY MONTH YEAR
1/12/2003

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