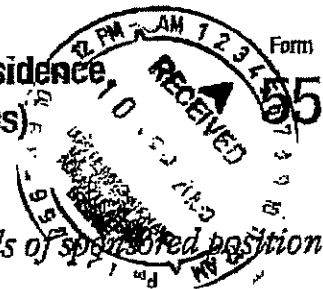




Australian Government

Department of Immigration and Multicultural and Indigenous Affairs

Sponsorship for temporary residence in Australia (non-business)



Part A - Details of sponsor

1 Details of sponsoring organisation or sponsor in Australia

Name of organisation or sponsor

Bundaberg Health Service District

Street address of organisation or sponsor

Bundaberg Base Hospital
Bourke Street
Bundaberg POSTCODE 4670

Postal address of organisation or sponsor

(if same as street address, write 'AS ABOVE')

PO Box 34
Bundaberg POSTCODE 4670

2 Australian Business Number / Australian Company Number (if applicable)

66 329 169 412

3 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:

4 Is this your first sponsorship?

No

Yes Refer to Part E for documentation that must be attached

5 Nature of business

Hospital

6 Details of employees

How many people are employed by the organisation/sponsor in Australia?

800+

How many are in the same occupation as the sponsored position?

1 + 2 VMO's

How many employees are not Australian citizens or residents?

22

Part B - Details of sponsored position

7 Job title

Director of Surgery

8 Occupation (if not described by job title)

9 Is the position

Full-time

Part-time

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

4 Years

11 Address of workplace

Bourke Street
Bundaberg POSTCODE 4670

12 Will the sponsored person receive a salary?

No

Yes Give details

As per State Award

13 Details of salary package

Annual salary \$5100092.20

Other benefits

Car + Accommodation provided

OR tick if details are attached

14 Job description

OR tick if details are attached

15 Qualifications and essential skills required for the position

MGBS + MBChB

OR tick if details are attached

Continued on the next page

Family name:

Given names:

Sex Male Female

Date of birth / /

Relationship to sponsored person

Citizenship of passport

Family name:

Given names:

Sex Male Female

Date of birth / /

Relationship to sponsored person

Citizenship of passport

Part F – Options for receiving written communications

- 25 All written communications about this application should be sent to: *(Tick one box only)*
- Sponsor All written communications will be sent to the address for communications that you have provided in this form. Go to Part K.
 - Migration agent Go to Part I.
 - Agents exempted from registration You must complete form 956 *Appointment of migration agent or exempted agent* and attach it to this application form. Go to Part K.
 - Authorised recipient 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.

Continued on the next page ▶

Part E – Assistance with this form

22 Did you receive assistance in completing this form?

No Go to Part F.

Yes Please give details of the person who assisted you.

Family name (not a business or company name)

Given names

Address

POSTCODE

23 Is the person a registered migration agent?

No

Yes Go to Part F.

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

No

Yes How much did you pay?

A\$ AND/OR

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

Value of gift (approximately)

A\$

Part G – Authorised recipient details

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

26 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 HUTCHINS

Given names SUSAN MICHELLE

Authorised recipient's postal address

Bundaberg Base Hospital
PO Box 311
Bundaberg POSTCODE 4670

Telephone number or daytime contact

Office hours (AREA CODE) 07 41502220

Mobile phone

Part H – Authorised recipient consent

27 As the authorised recipient 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 (AREA CODE) 07 41502219

E-mail address sue_hutchins@health.qld.com.au

28 Signature of authorised recipient

S Hutchins

Date 31 / 1 / 5

Now go to Part K

Part I – Migration agent details

29 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

Title: Mr Mrs Miss Ms Other

Family name

Given names

Business or company name

Postal address

POSTCODE

Telephone number or daytime contact

Office hours (AREA CODE)

Mobile phone

Part J – Migration agent consent

30 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 (AREA CODE)

E-mail address

31 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 / /

Part K – Payment details

32 How will you pay your application charge?

- Bank cheque Please make payable to: Department of
Immigration and Multicultural and
Money order Indigenous Affairs
- EFTPOS
- Credit card Give details below

Payment by (tick one box)

MasterCard <input checked="" type="checkbox"/>	Visa <input type="checkbox"/>	Australian Dollars AS 245.00
Bankcard <input type="checkbox"/>	Diners Club <input type="checkbox"/>	
American Express <input type="checkbox"/>	JCB <input type="checkbox"/>	

Credit card number

Expiry date MONTH YEAR

Cardholder's name

Mr Peter Heath, Queensland

Telephone (AUSTRALIAN) 2 Heath

Address

Bundaberg Base Hospital

P.O. Box 34

Bundaberg POSTCODE 4670

Signature of cardholder

Heath

Credit card information will be used for charge paying purposes only.

Part L – Documents you must attach

33 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 sponsored person's visa subclass. Take a copy of the documents for your own records.

	Documents	Attached?
Q4	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 type="checkbox"/>
Q14	Job description	<input type="checkbox"/>
Q15	Details of qualifications and essential skills required for the position	<input type="checkbox"/>
Q16	For religious organisations only: evidence of tax exemption status from the Australian Taxation Office.	<input type="checkbox"/>
Q21	Details of additional family members	<input type="checkbox"/>
	Other attachments as listed for the sponsored person's visa subclass	<input type="checkbox"/>

Continued on the next page ▶

Part M -- Your sponsorship undertaking

34 We accept responsibility for:

- all financial obligations to the Commonwealth incurred by the sponsored person arising out of that person's stay in Australia;
- compliance by the sponsored person with all relevant legislation and awards in relation to any employment entered into by the sponsored person in Australia;
- unless the Minister otherwise decides, compliance by the sponsored person with the conditions under which that person was allowed to enter Australia; and
- the provision of information about the sponsorship (or any information relating to the sponsorship application or approval) to assist DIMIA in the monitoring process.

Signature of sponsor or delegated officer of sponsor

DK

Date 1 12 05

Name

Dr Darren Keating

Job title/position

Director of medical Services



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