

Office	use	only

Client Name Client File No.

Referral yes no

Referral Details

### [1] Contact Details

First Name

Middle Name

Last Name

Telephone Mobile

**Email** 

Preferred English Chinese (Mandarin)

Communication Chinese (Shanghainese) Other

If other language, please specify

### [2] Visa Application (Please only fill in if you have recently applied for an Australia Visa)

Applied for Visa yes no

Answer the following if you selected yes

In Australia yes no If no, where

Visa Application #

Submission Date Submission online paper

Method

**Primary Applicant** 

Name

Secondary yes no

Applicant

Number of Secondary Applicants							
Secondary Applicant Name				Passpo #	ort		
Country of Issuance							
Relation to Applicant	Spouse	Children	Other				
Secondary Applicant Name				Passp	ort		
Country of Issuance							
Relation to Applicant	Spouse	Children	Other				
Secondary Applicant Name				Passp #	ort		
Country of Issuance							
Relation to Applicant	Spouse	Children	Other				
[3] Visa Status (	Please only fill in	if you currently	/ hold an Austra	alian Vis	sa)		
Arrival in Australia (Date)			Visa Granted	(Date)			
Visa Grant #							
Current Visa	Substantive	Bridging	Not Sur	е		Visa Subclass	
Visa Name							
Visa Term (length of stay provided)			Any Secondar Applicants	ry	No	Yes	
If yes, details of Secondary Applicants							

Answer the following only if you have **secondary applicants** on your application

[4] Personal Detai	ils				
Date of Birth			Passport No.		
Marital Status	Married	De Facto	Single	Engaged	
Country of Issuance					
Gender	Male	Female	Other		
Place of Residence					
[5] Criminal Reco	rd (Very im	portant, please a	nswer the follow	ving)	
Have you ever been deported from Australia	No	Yes			
if yes, please specify why					
Criminal Record	No	Yes			
If yes, which country or countries					
Details					
[6] Family Details					

Relation to Applicant

Spouse

Children

Other

If other, please specify				
First Name				
Middle Name				
Last Name				
Criminal Record	No	Yes		
Current Medical Conditions	No	Yes		
Relation to Applicant	Spouse	Children	Other	
If other, please specify				
First Name				
Middle Name				
Last Name				
Criminal Record	No	Yes		
Criminal Record  Current Medical  Conditions	No No	Yes		
Current Medical			Other	
Current Medical Conditions  Relation to	No	Yes	Other	
Current Medical Conditions  Relation to Applicant  If other, please	No	Yes	Other	
Current Medical Conditions  Relation to Applicant  If other, please specify	No	Yes	Other	
Current Medical Conditions  Relation to Applicant  If other, please specify  First Name	No	Yes	Other	
Current Medical Conditions  Relation to Applicant  If other, please specify  First Name  Middle Name	No	Yes	Other	
Current Medical Conditions  Relation to Applicant  If other, please specify  First Name  Middle Name  Last Name	Spouse	Yes Children	Other	
Current Medical Conditions  Relation to Applicant  If other, please specify  First Name  Middle Name  Last Name  Criminal Record  Current Medical	No	Yes	Other	
Current Medical Conditions  Relation to Applicant  If other, please specify  First Name  Middle Name  Last Name  Criminal Record  Current Medical Conditions  Relation to	No Spouse No No	Yes Children Yes Yes		
Current Medical Conditions  Relation to Applicant  If other, please specify  First Name  Middle Name  Last Name  Criminal Record  Current Medical Conditions  Relation to Applicant  If other, please	No Spouse No No	Yes Children Yes Yes		

Last Name					
Criminal Record	No	Yes			
Current Medical Conditions	No	Yes			
Details of Additional Family Members (e.g. criminal records etc)					
[7] Modical History					
[7] Medical History					
Do you have any current medical conditions	No	Yes			
If yes, please specify					
Have you had a recent medical check-up	Yes	No		Date of Check-up	
If <b>yes</b> , please answer th	ne following				
What kind of check-up	Compreher	sive	Specific		
Name of Doctor/ Physician					
Name of Clinic					
Location of Clinic (full address)					

# [8] Education

Highest Level of High School Certificate Diploma from College Education University (Bachelors) Degree University (Masters) Degree University (Ph.D) Degree Name of Institute Location of Institute Mode of Study Normal (attending class) If other, please specify Online Only Other Details of Educational Qualification

## [9] Employment History (Relevant for employment/ skilled visas)

Brief Overview of Work Experience

Total # Years

Employed in Profession or Trade	Employment	No	
Name of Current Employer			
Employment Location			
Employment Start Date	Currently Employed	Yes	No

Proof of

Yes

#### [9] Visa Preferences

How long do you want to stay in Australia

Temporary Permanently If Temporary (# of Months)

Will you have any secondary applicants (e.g. dependants such as children or parents)

Yes No If yes, who from the

above in [6]

Which applies to

you

Investment Visa Studying & Training Visa

Family & Partner Visa Working & Skilled Visa

INVESTMENT Please answer the following only if you are looking to invest into Australia

Investment Starting a business Investing in a business

Buying residential property Buying commercial property

Industry related Other

Please provide briefly, the details of investment

STUDY & TRAINING Please answer the following only if you are looking to study or train in Australia

What level of study are you interested in

University

Other

Polytechnic / TAFE

College

If other, please specify

FAMILY & PARTNER Please answer the following only if you have family who are Australian / Permanent Residents

Do you have family or a partner who is an Australian Citizen or Australian Permanent Resident

Yes No

Relationship

Children

Parent

Uncle/ Aunt

Grandparents

Not related Biologically

Spouse (Wife/ Husband)

De facto / Partner

If yes, please provide details of your family who are either Australian or Australian Permanent Residents

#### WORKING & SKILLED Please answer the following only if you are interested in working in Australia

What is your profession or trade

In the last 10 years, how long have you worked in your trade or profession

less than 3 years

3 to 4 years

5 to 7 years

Your Age (years)

18 to 24

25 to 32

33 to 39

8 to 10 years

40 to 44

English language proficiency

Competent

**Proficient** 

Superior

Have you sat an **IELTS Test** 

yes

no

Please provide us the test results below

Date of test

Result of IELTS Test

	1	2	3	4	5	6	7	8	9
Overall									
Listening									
Reading									
Writing									
Speaking									

Please provide us the	e test resul	ts of <b>mos</b>	t recent t	est						
Date of test										
Result of IELTS Test										
		1	2	3	4	5	6	7	8	9
Overall										
Listening										
Reading										
Writing										
Speaking										
Other English Test Details / Results  COMMUNICATION / Your preferred	<b>AUTHORI</b> Email	TY TO AC	Do y	ou author	ise	<b>AL</b> Yes				
method of communication	Phone Both	Phone us to send you marketing				No				
Both material  Do you Yes Do you authorise Yes us to search for you or your family's Australian visa application status, or current Australian visa status?  Both material  Do you authorise Yes us to search for you or your family's Australian visa status on the relevant government portal or enquire by other Australian visa the relevant Government Departments whether it may be abroad or in Australia?										
Name										
Signed							Date	d		

## **Privacy Notice**

- (1) All information provided to us will be kept confidential and only be used for the purposes of providing migration advice.
- (2) If you authorise us to send you marketing material, we will not disclose it to third-parties unless it is through an App such as Mailchimp, which enables us to send out many emails on a large scale to a select email contact list.
- (3) By law we have to keep records of our clients for 7 years, after which we may choose to destroy your files.
- (4) If before you become our client, you request that the information collected on this form be destroyed, you need to let us know by email at *info@immigration2aus.com.au* and specify that you would like the information collected on this form to be destroyed. Please provide us sufficient details to allow us to find the correct records.
- (5) By filling in this form, you agree to the above (1) to (4).

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Processed By			
Date Processed			
Notes			