



Australian Government
Department of Immigration and Citizenship

ATTACH THIS PAGE TO YOUR MEDICAL TREATMENT VISA APPLICATION

<input type="checkbox"/>	Your current passport
<input type="checkbox"/>	If you intend a stay of over three months , the Visa Application Charge
<input type="checkbox"/>	Form 48ME fully completed and signed by you
<input type="checkbox"/>	Details of Relatives Form , fully completed and signed by you
<input type="checkbox"/>	If you wish to authorise another person to communicate with us on your behalf, a completed and signed Form 956 or Form 956A
<input type="checkbox"/>	<p>If it has been 2 years or more since you were last granted a visa:</p> <ol style="list-style-type: none"> 1. If you are employed, a letter from your employer confirming your employment duration and position, employer’s contact details, and leave dates or 2. If you are self-employed, evidence that you operate a business, such as business registration, lease contract, letter from relevant government ministry or 3. If you are unable to provide evidence of employment, evidence relating to your personal/household financial situation (eg. asset ownership, spouse’s employment letter or business evidence) or, if you are a student, a letter confirming your enrolment signed by your school principal or registrar
<input type="checkbox"/>	<p>If you are seeking or accompanying someone seeking medical treatment in Australia:</p> <ol style="list-style-type: none"> 1. Letter stating who will meet the costs of treatment (from insurance company if applicable) – provide evidence of funds if privately funded and 2. Letter from the referring doctor detailing medical condition and treatment required and 3. Letter from treating doctor (in Australia) stating the period of treatment in Australia and detailing the nature of treatment sought and 4. If you intend receiving treatment in a hospital, a letter from the chief executive officer / admissions area of the receiving hospital (i) agreeing to accept you for the treatment period, (ii) stating likely cost of treatment and (iii) that they are satisfied with arrangements for payment for the treatment and 5. If you intend receiving treatment in a public hospital, a letter from the relevant state health authority stating that no Australian would be disadvantaged by the proposed treatment
<input type="checkbox"/>	If you are under 18 years old , completed Parental Consent Form 1229 and a copy of your parent’s/guardian’s identification (as per Form 1229). If you are visiting a non-relative, also provide a completed Undertaking Declaration Form 1257
<input type="checkbox"/>	If you are a Fiji citizen or resident , a fully completed Travel Sanctions Form
<input type="checkbox"/>	If you are a New Zealand citizen , a Consent for Disclosure Form

OFFICE USE ONLY

*Please provide **copies** of original documents.*

Client Declaration:

I understand that a decision on my application will be made on the basis of the documentation I have provided to the Department of Immigration and Citizenship.

Signature: _____

Date: _____