



Application for Electronic Travel Authority
eligible passport holders to visit
Australia for tourism
 or other recreational activities

Please use a pen, and write neatly in English using BLOCK LETTERS.

Tick where applicable

1 How long do you wish to stay in Australia?

- Up to 3 months
 Up to 6 months
 Up to 12 months

2 Do you intend to enter Australia on more than one occasion?

- No
 Yes ► Give details

Your details

3 Name(s) as shown in your passport

Family name

Given names

Other names you are, or have been, known by
 (including name at birth, previous married names, aliases)

4 Sex Male Female

5 Date of birth

DAY MONTH YEAR

If you are 75 years or over, you will be asked to undergo a health assessment and may be asked to show that you have medical insurance to cover your stay in Australia. Please contact an Australian overseas mission for further advice before lodging your application. If additional medical consultations are required, a decision on your visa application will be delayed.

6 Relationship status

- Married Separated Never married or
 Engaged Divorced been in a de facto
 De facto Widowed relationship

7 Place of birth Town/city
 Country

8 Details from your passport

Passport number

Country of passport

Date of issue

DAY MONTH YEAR

Date of expiry

Issuing authority/Place of issue as shown in your passport

Make sure your passport is valid for the period of stay you are applying for.

9 Details of identity card or identity number issued to you by your government (if applicable) eg. National identity card.

Note: If you are the holder of multiple identity numbers because you are a citizen of more than one country, you need to enter the identity number on the card from the country that you live in.

Identity number

Country of issue

10 Country of usual residence

11 Your current residential address

Note: A post office box address is not acceptable as a residential address. Failure to give your residential address will result in this application being invalid.

 POSTCODE

12 Postal address

(If the same as your residential address, write 'AS ABOVE')

 POSTCODE

Other information

16 Do you have any relatives, friends or contacts in Australia?

No Yes Give details

Citizen or permanent resident of Australia? (YES or NO)

Full name	Relationship to you	Date of birth			Address	
		DAY	MONTH	YEAR		

If insufficient space, attach additional details.

17 What is the purpose of your visit to Australia?

18 In the last 5 years, have you, or any other person included in this application, visited, or lived, outside your country of passport for more than 3 consecutive months?

No

Yes Give details

1. Name

Country(s)

Date from to

2. Name

Country(s)

Date from to

3. Name

Country(s)

Date from to

19 Do you, or any other person included in this application, intend to enter a hospital or health care facility (including nursing homes) while in Australia?

No Yes Give details

20 Do you, or any other person included in this application, intend to work as, or study to be, a doctor, dentist, nurse or paramedic during your stay in Australia?

No Yes Give details

21 Have you, or any other person included in this application:

- ever had, or currently have, tuberculosis?
- been in close contact with a family member that has active tuberculosis?
- ever had a chest x-ray which showed an abnormality?

No Yes Give details

22 During your proposed visit to Australia, do you, or any other person included in this application, expect to incur medical costs, or require treatment or medical follow up for:

- blood disorder;
- cancer;
- heart disease;
- hepatitis B or C and/or liver disease;
- HIV infection, including AIDS;
- kidney disease, including dialysis;
- mental illness;
- pregnancy;
- respiratory disease that has required hospital admission or oxygen therapy;
- other?

No Yes Give details

23 Do you, or any other person included in this application, require assistance with mobility or care due to a medical condition?

No Yes Give details

