



Australian Government

Department of Immigration and Border Protection

**Subclass 602 Medical Treatment Visa
ATTACH THIS PAGE TO YOUR APPLICATION**

Tick [✓] the boxes below once you have attached **copies** of the relevant documents

<input type="checkbox"/>	Applicable fees no fees is required if lodged outside of Australia and Service Fee (if paper application)	<input type="checkbox"/>
<input type="checkbox"/>	Form 48ME fully completed, and 1 current passport-size photograph of you	<input type="checkbox"/>
<input type="checkbox"/>	Copies of the Biodata (photo) pages from your current passport AND 1. If your passport contains any non-Australian visa labels, the relevant Visa pages AND 2. If your passport has been extended or details changed, the Endorsement pages * Passports need to be valid for at least six months	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Completed Details of Relatives Form	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	A fully completed Travel Sanctions Form 1380 if you are a Fiji citizen or residing in Fiji	<input type="checkbox"/>
<input type="checkbox"/>	If you are not a citizen of the country in which you are making your application, evidence or your visa status / residence permit for that country	<input type="checkbox"/>
<input type="checkbox"/>	Evidence of Financial Capacity to support your period of stay in Australia: 1. Personal or Sponsor's bank statement covering at least the last month OR 2. Confirmation letter from Insurance Company stating limit of Liability	<input type="checkbox"/>
<input type="checkbox"/>	If you are seeking or accompanying someone seeking medical treatment in Australia: 1. Letter stating who will meet the costs of treatment AND 2. Letter from the referring doctor detailing medical condition and treatment required AND 3. Letter from doctor in Australia stating the period and 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) accepting you for the treatment period, (ii) stating likely treatment cost and (iii) that they are satisfied with payment arrangements AND 5. If you intend receiving treatment in a public hospital, a letter from the state health authority stating that no Australian would be disadvantaged by the proposed treatment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	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 of your personal/ household financial situation (eg. asset ownership, spouse's employment letter or business evidence) or, if you are a student, an enrolment letter from your school principal or registrar	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	If you are under 18 years old , your birth certificate AND 1. If you are travelling with one parent/legal guardian, a completed Parental Consent Form 1229 completed by your non-travelling parent and a copy of their identification OR 2. If you are not travelling with any parent/legal guardian, Form 1229 and a statutory declaration from your parents/legal guardian confirming that no other person has legal guardianship of you, a copy of their id and a completed Undertaking Declaration Form 1257	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Undertake TB Clearance by completing Form 160 (Chest X Ray) EXCEPT for applicants aged 11 years and under who are required to complete Form 26 (Medical Examination) WHEN VISITING A HOSPITAL	<input type="checkbox"/>
<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"/>
OFFICE USE ONLY		

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 border protection.

Signature: _____

Date: _____