

**Note:** Current international students in the Bachelor of Pharmacy program, who are in Australia on a **student visa** and who intend to remain in Australia to undertake the internship year, will need to apply for a different visa. International students located in Australia will need to seek advice from the Australian Government Department of Home Affairs (<https://www.homeaffairs.gov.au/busi/visas-and-migration>) and/or a Registered Migration Agent as to which visa is appropriate for part time study and full time work. **It is the responsibility of the student to ensure that they have/will apply for the appropriate visa.**

Note: Post-study work arrangements under the Temporary Graduate visa (subclass 485) may apply, or a different VISA may be applicable depending on each intern's individual situation. Note also that UniSA is a sponsor for the Trainee visa (subclass 407) for those interns not eligible for other VISAs.

## APPLICATION FORM

Please complete the application form and return to Karen O'Callaghan:

Karen O'Callaghan  
University of South Australia  
School of Pharmacy and Medical Sciences  
Playford Building P4-37  
Frome Road  
ADELAIDE SA 5000  
  
Fax (08) 8302 1262  
Email [karen.o'callaghan@unisa.edu.au](mailto:karen.o'callaghan@unisa.edu.au)  
Enquiries [josephine.crockett@unisa.edu.au](mailto:josephine.crockett@unisa.edu.au)

## PERSONAL DETAILS

### Intern Pharmacist Name

Mr/Mrs/Miss/Ms/Dr: \_\_\_\_\_  
(PLEASE UNDERLINE FAMILY NAME)

**Preferred Name** \_\_\_\_\_

**Postal address** \_\_\_\_\_

**Phone** Mobile: \_\_\_\_\_

**Email** \_\_\_\_\_

## PHARMACY DETAILS

*If you are still waiting to finalise these details, please leave this section blank*

**Pharmacy Name** \_\_\_\_\_

**Pharmacy address** \_\_\_\_\_

**Start date supervised practice** \_\_\_\_\_

## VISA

- ☐ I declare that I hold a valid visa allowing me to undertake an internship program (including part-time study in a University environment and work) (required), AND
- ☐ I have attached a copy of my visa details printed from the Department of Immigration website (required). **To obtain details of your visa, log onto “VEVO for Visa Holders” found at [www.immi.gov.au/managing-australias-borders/compliance/working-legally/evo-for-visa-holders.htm#d](http://www.immi.gov.au/managing-australias-borders/compliance/working-legally/evo-for-visa-holders.htm#d)**

OR

- ☐ I declare that my application for a suitable visa is in process. Please reserve a place for me in the program and a copy of my visa details (see above) will be forwarded as soon as received (required)

VISA class/type: \_\_\_\_\_

OR

- ☐ I wish to undertake Trainee visa (subclass 407) sponsorship with UniSA and declare that this VISA is suitable for me. Please reserve a place for me in the program.

I am not eligible for other temporary VISA subtypes because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature:

Date:

**Applicants will be notified by mail as to the outcome of their application**

<b>OFFICE USE ONLY</b>		
<b>Application Received Date:</b>		
<b>Eligibility:</b> <input type="checkbox"/> B.Pharm <input type="checkbox"/> PBA registration <input type="checkbox"/> Site <input type="checkbox"/> Visa		
<b>Outcome:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	<b>Signature:</b>	<b>Date:</b>
<b>Payment Type:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Credit card		
<b>Notes:</b>		