



Australian Government

Department of Immigration and Multicultural and Indigenous Affairs

# Working Holiday visa: Employment verification

Form  
**1263**

## Who should use this form?

This form is for use by persons who are in Australia as holders of a Working Holiday visa and who wish to apply for a second Working Holiday visa.

In order to be eligible to apply for a second Working Holiday visa, the applicant must have worked for a minimum of 3 months as a **seasonal worker** \* in **regional Australia** \*\*.

This form should be used to record details of employment as a seasonal worker in regional Australia, including:

- start and end dates of seasonal work with each employer;
- name, address and telephone number of the employer;
- postcode of employer;
- Australian Business Number (ABN) of the employer; and
- signature of the employer.

Documentation other than this form may not be accepted as evidence of employment as a seasonal worker in regional Australia. Information collected on this form will be required in order to make an application for a second Working Holiday visa.

Once completed, the form should be retained for submission on request by the Department of Immigration and Multicultural and Indigenous Affairs (DIMIA).

Information about seasonal work opportunities in regional Australia is available from the Harvest Trail website at

<http://jobsearch.gov.au/harvesttrail>

\* 'Seasonal work' is defined as harvesting and/or packing of fruit and vegetable crops, pruning and trimming vines and trees, thinning and trimming flowers and bunches and general maintenance crop work.

\*\* 'Regional area' is defined as any area identified at <http://jobsearch.gov.au/harvesttrail> as requiring harvest workers.

## Your employment details

### 1 Details of employment as a seasonal worker in regional Australia

A	Employer's name and address	Employer's telephone number	Start date	End date	Days worked*
	<input type="text"/>	( <input type="text"/> )	DAY / MONTH / YEAR	DAY / MONTH / YEAR	<input type="text"/>
	<input type="text"/>	Employer's (ABN)	Signature of employer		
	POSTCODE	<input type="text"/>	<input type="text"/>		
B	Employer's name and address	Employer's telephone number	Start date	End date	Days worked*
	<input type="text"/>	( <input type="text"/> )	DAY / MONTH / YEAR	DAY / MONTH / YEAR	<input type="text"/>
	<input type="text"/>	Employer's (ABN)	Signature of employer		
	POSTCODE	<input type="text"/>	<input type="text"/>		
C	Employer's name and address	Employer's telephone number	Start date	End date	Days worked*
	<input type="text"/>	( <input type="text"/> )	DAY / MONTH / YEAR	DAY / MONTH / YEAR	<input type="text"/>
	<input type="text"/>	Employer's (ABN)	Signature of employer		
	POSTCODE	<input type="text"/>	<input type="text"/>		
D	Employer's name and address	Employer's telephone number	Start date	End date	Days worked*
	<input type="text"/>	( <input type="text"/> )	DAY / MONTH / YEAR	DAY / MONTH / YEAR	<input type="text"/>
	<input type="text"/>	Employer's (ABN)	Signature of employer		
	POSTCODE	<input type="text"/>	<input type="text"/>		
E	Employer's name and address	Employer's telephone number	Start date	End date	Days worked*
	<input type="text"/>	( <input type="text"/> )	DAY / MONTH / YEAR	DAY / MONTH / YEAR	<input type="text"/>
	<input type="text"/>	Employer's (ABN)	Signature of employer		
	POSTCODE	<input type="text"/>	<input type="text"/>		

If insufficient space, attach additional copies of this form

\*TOTAL number of days worked

## Your declaration

### 2 Your full name

### 3 Your passport number

### 4 I declare that the information I have supplied on this form is complete, correct and up-to-date in every detail.

Your signature

Date DAY / MONTH / YEAR