

Business sponsor monitoring

Form 1110

Department of Immigration and Multicultural Affairs

This form seeks information about people you have sponsored from overseas to work for your business. This form only relates to people holding a 457 (business) visa. Only the business sponsor, or a person authorised by the business sponsor, should complete this form. If there is insufficient space to answer a question, please provide your answer on a separate sheet of paper and attach to this form.

Please return the completed form within 28 days of the date shown on the covering letter.

Your responsibility as a business sponsor

As a business sponsor, migration law requires that you:

- · provide correct information to the department;
- comply with the sponsorship undertakings which you agreed to at the time of lodging your application for sponsorship;
- continue to satisfy the requirements for approval as a business sponsor.

One of the sponsorship undertakings is to cooperate with the department's monitoring. This includes the timely completion and return of this form.

If you do not comply with the department's monitoring requirements, or no longer meet any of the above requirements, it may lead to one or more of the following sanctions:

- barring your business from sponsoring or nominating further sponsored employees under the Temporary Business (Long Stay) visa for a specified period of time;
- · cancellation of your business' sponsorship agreement;
- · cancellation of the visas of the people you have sponsored.

Please answer all questions as fully and accurately as possible and attach any requested information

If you have any questions relating to any aspect of the monitoring form, please contact the person listed as the contact officer in the covering letter enclosed with this form.

About the information you provide

The information you provide will be used to help assess whether your business is meeting its obligations as an approved business sponsor.

It may also be disclosed to agencies, such as the Department of Employment and Workplace Relations and the Australian Taxation Office, that are authorised to receive information relating to employment, law enforcement, taxation, review of decisions and temporary business entry. The form 993i Safeguarding your personal information gives details of agencies to which your information might be disclosed. This form is available from the department's website.

Senate Legal & Constitutional Affairs Committee Supplementary Budget Estimates 2006-2007 30-31 October 2006

Consent to communicate electronically

The department may use a range of methods to communicate with you. Electronic means such as fax or e-mail will only be used if you indicate your agreement to receiving communication in this way. The department may also contact people by mail, telephone or in person. However, if you have an email address, this may speed up communication.

Electronic communications, unless adequately encrypted, are not secure and may be viewed by others or interfered with. Should you choose to use e-mail, the department will only use your e-mail address for the purpose for which you have provided it. It will not be added to any mailing list and will not be disclosed without your consent.

The Commonwealth Government accepts no responsibility for the security or integrity of any information sent to the department over the internet or by other electronic means.

Use of a migration agent

You are not required to use a migration agent. However, if you intend to use a migration agent you are advised to use a registered migration agent registered with the Migration Agent's Registration Authority (MARA). MARA agents are bound by the Migration Agent's Code of Conduct, see www.themara.com.au for more information.

Authorisation of a Migration Agent to act on your behalf

If you have a migration agent acting on your behalf in relation to the monitoring of your business sponsorship you need to complete Part G Agent details of this form. If you authorise a migration agent to act on your behalf, the responsibility to provide accurate monitoring information to the department will remain with you as the business sponsor.

Appointing a migration agent to act on your behalf includes authorising the department to send any written communication relating to the monitoring of your business sponsorship to that agent. You will be taken to have received any documents that this department sends to your agent.

When you provide details of the migration agent please make sure you give the agent's 7-digit Migration Agent Registration Number (MARN) and the agent's full name.

If you change your migration agent, or end their appointment after you have returned this monitoring form to the department, you must promptly advise the department by using form 956 Appointment of a migration agent, which is available from the department's website or from your migration agent. You should also notify the agent of this change, preferably in writing.

Home page General enquiry line

www.immi.gov.au

Telephone 131 881 during business hours in Australia to speak to an operator (recorded information available outside these hours). If you are outside Australia, please contact your nearest Australian mission.





and Multicultural Affairs

Business sponsor monitoring

Form

1110

Part A – Sponsorship undertakings

All approved sponsors have agreed to meet undertakings in relation to their sponsored employees. If your business lodged a sponsorship application before 1 July 2004 you will be responsible for meeting the following undertakings. The undertakings relate to any sponsored person who was granted a Temporary Business (Long Stay) visa under a sponsorship agreement which was lodged before 1 July 2004.

The business undertakes to do the following in relation to persons it has sponsored (see *Sponsored persons*):

- accept responsibility for obligations to the Commonwealth for sponsored persons. For example:
 - ensure that the tax installments are deducted from salary or wages and eligible termination payments, Fringe Benefits Tax;
 - make superannuation contributions;
 - pay debts owed to the Commonwealth as a result of a sponsored person and/or dependents receiving or using Commonwealth benefits or services to which they have no entitlement eg. Medicare, social security benefits;
- comply with Australian industrial relations laws, Australian levels of remuneration, and conditions of employment:
- accept financial responsibility directly or through acceptable medical insurance arrangements, for all medical and hospital costs incurred in Australia by sponsored persons and their dependents;
- assure that sponsored persons hold the necessary licence, registration or membership where it is mandatory for work of the kind proposed in Australia;
- be responsible for repatriation costs for sponsored persons and their dependents;
- inform the department immediately if any sponsored person ceases to be in the business's service;
- · comply with immigration requirements;
- co-operate fully with the department in monitoring sponsored persons, including providing monitoring reports as required by the Minister.
- co-operate fully in any audit checking relating to employment of persons from overseas;
- notify the department of any change in circumstances that may affect the business's capacity to honour its sponsorship obligations, or any change to the information provided on this form;

and for businesses operating in Australia:

- accept as good practice the desirability of creating appropriate career opportunities for Australian citizens and permanent residents both in Australia and, where the business operates internationally, overseas; and
- accept that the recruitment of labour from overseas must not counter Government training policies and objectives of producing a highly skilled and flexible Australian workforce.

If your business lodged the sponsorship application on or after 1 July 2004 you will be responsible for meeting the following undertakings. The undertakings relate to any sponsored person who was granted a Temporary Business (Long Stay) visa under a sponsorship agreement which was lodged on or after 1 July 2004.

The business undertakes to do the following in relation to persons it has sponsored:

- ensure that the cost of return travel by a sponsored person is met;
- not to employ a person who would be in breach of the immigration laws of Australia as a result of being employed;
- comply with its responsibilities under the immigration laws of Australia;
- · notify immigration of:
 - any change in circumstances that may affect the business's capacity to honour its sponsorship undertakings; or
 - any change to the information that contributed to the business's ability to be approved as a sponsor or the approval of a nomination;
- cooperate with the department's monitoring of the business or of any sponsored persons;
- this undertaking continues until the earlier of the following:
 - if the sponsored person ceases to hold the visa for which he or she was sponsored, the earlier of the time when the person leaves Australia and the time when the person is granted a substantive visa; and
 - the time when the sponsor ceases to be an approved sponsor of the sponsored person;
- notify Immigration within 5 working days after a sponsored person ceases to be in the business's employment;
- comply with laws relating to workplace relations that are applicable to the business and any workplace agreement that the business may enter into with a sponsored person;
- ensure that a sponsored person holds any licence, registration or membership that is mandatory for the performance of work by the person:
- ensure that, if there is a gazetted minimum salary in force in relation to the nominated position occupied by the sponsored person, the person will be paid at least that salary;
- ensure that, if it is a term of the approval of the nomination of a
 position that a sponsored person must be employed in a particular
 location, the business will notify Immigration of any change in the
 location which would affect the nomination approval;
- pay all medical or hospital expenses for a sponsored person arising from treatment administered in a public hospital (other than expenses that are met by health insurance or reciprocal health care arrangements):
 - this undertaking continues until any such expenses are paid;
- make any superannuation contributions required for a sponsored person while the sponsored person is in the business's employment;
- deduct tax installments, and make payments of tax, while the sponsored person is in the business's employment;
- pay the Commonwealth an amount equal to all costs incurred by the Commonwealth in relation to a sponsored person:
 - these costs may include those relating to locating and detaining the sponsored person, removing the sponsored person from Australia and processing any application for a protection visa made by a sponsored person;
 - this undertaking continues until all such costs are paid.

If there is insufficient space to adequately answer any question, please provide your answer on a separate sheet and attach it to this form.

Part B – Business sponsor details

****	Registered business and trading name	9	Since receiving your business sponsorship approval, has there been any significant changes with regards to the:
			• business ownership; No Yes
2	Client ID number (see covering letter)		 primary purpose or nature of business performed by the company/business; No Yes
	Australian Business Number (ABN)		 direct employer relationship with sponsored employee/s; (ie. is the business no longer the direct employer of the sponsored employee or is there third party involvement by a recruitment agency, overseas affiliated company etc.)?
4	Current business street address (where you are located)		If you answered 'Yes' to any of these questions, give details
	POSTCODE		
£			A A A A A A A A A A A A A A A A A A A
100 a	Postal address (If the same as your street address, write 'AS ABOVE')	Section Committee Committe	Since being approved as a business sponsor, has your business, or an principal of your business been:
			 subject to sponsorship cancellation or the imposition of sponsorship or nomination bars; or
	POSTCODE		 subject to bankruptcy or liquidation proceedings (external administration); or
	PORTOUR		• found to be in breach of workplace relations laws?
0	Contact officer name		No
			Yes Give details
***	Telephone number		
	(ARFA CODE)		
3	Do you agree to the department communicating with you by fax, e-mail or other electronic means?		
	No ☐ ► All communication will be sent to your postal address Yes ☐ ► Give e-mail address and/or fax number	disease A	Is your business, or any principal of your business, currently awaiting the outcome of any proceedings mentioned at Question 10? No
	Fax number (AREA CODE)		Yes ☐▶ Give details
	E-mail address		

Part C – Your business' sponsored overseas employees

Date of birth		Reason for cessation			Date of cessation		
Name (as it appears in passport)	PARY HOMON YAG	1166	13011101 660	3500011		DAY /	MONTH Y
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	///	MANAGEMENT OF THE STATE OF THE				+	/
- LORMAN WAY 1 VIII	/ /	***************************************			***************************************	1-7	7
		1.10.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	W-14-14	1.6.000		7	/
2000	///			×		/	/
Asida Maria Ma	/ /	A A A A A A A A A A A A A A A A A A A				7	7
	/ /					7	/
A I A MANA PROPERTY OF THE PRO	/ /	.,		,,	***************************************	/	/
AMAMAAW/AMAPQV mmya amama amama AWAYYAY	/ /		**************************************			7	/
	///	Addition of the second of the				7	/
	Date of birth	<u>.</u>	Ski	II/Salary	Hours per	Base	
					1		Tot
Name (as it appears in passport)	ì	Position	Ski exe	II/Salary Imption*	Hours per week	Base salary	
Name (as it appears in passport)		Position	Ski exe No	II/Salary emption*			
Name (as it appears in passport)	DAY MONTH YEAR	Position	exe	emption* Yes Yes			
Name (as it appears in passport)	DAY MONTH YEAR	Position	No No No	emption* Yes Yes Yes Yes			
Name (as it appears in passport)	DAY MONTH YEAR / / / /	Position	No No No No No	yes Yes Yes Yes Yes Yes Yes Yes Yes			
Name (as it appears in passport)	DAY MONTH YEAR / / / /	Position	No N	remption* Yes Yes Yes Yes Yes Yes Yes Yes			
Name (as it appears in passport)	DAY MONTH YEAR	Position	No N	remption* Yes Yes Yes Yes Yes Yes Yes Yes			
Name (as it appears in passport)	DAY MONTH YEAR	Position	Ro R	remption* Yes Yes Yes Yes Yes Yes Yes Yes			
Name (as it appears in passport)	DAY MONTH YEAR	Position	No N	remption* Yes Yes Yes Yes Yes Yes Yes Yes			
Name (as it appears in passport)	DAY MONTH YEAR	Position	Ro R	remption* Yes Yes Yes Yes Yes Yes Yes Yes			remune

Name (as it appears in passport)	Address		DATE TO THE PARTY OF THE PARTY
	A CONTRACTOR OF THE CONTRACTOR	The state of the s	POSTCODE
		Add	POSTGOGE
	AAAAA		POSTCODE
		A-101A	POSTCODE
		10 W	POSTCODE
			POSTCODE
			POSTCODE
		AMILITIA	POSTCODE
			POSTCODE
	A A A A A A A A A A A A A A A A A A A	THAMAS TO THE STATE OF THE STAT	POSTCODE
Name (as it appears in passport)	Business Name	Work site address	Type of business (eg. recruitment agency
Name (as it appears in passport)	Rusiness Name	Work site address	
	AND THE RESERVE OF THE PERSON	A A A A A A A A A A A A A A A A A A A	(ед. гестингнент аденсу)
AAAAA		MAA	And the second s
	4-16-16-16-16-16-16-16-16-16-16-16-16-16-	And the second s	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
1377 (1777) (1787)	- AAAAAAA Qoo aaaaa aaaaa aaaaa aaaaa aaaaa aaaaa aaaa	ALANA	
40000			A A STATE OF THE S
	CO.	100 A MANAGEMENT AND A	AAAAAAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
A Commission of the Commission		- MANAYA AMAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
		A CANADA CONTRACTOR CO	ANA
	A.VAM/***	the state of the s	AAA
Are all your sponsored overseas employees e remuneration and Australian conditions of em Note : The department may seek evidence of No	nployment?	alian industrial relations laws, Aust	ralian leveis oi
Does your business deduct tax installments a	ind make superannuation contribu	tions in respect of all its sponsored	l overseas employees?
No Please specify reason	A444		and the second s
Yes		No. of the Control of	
	AAAASSTIPP FAAAASSTIPP	AND THE STREET S	AAAV
		And the second s	
			VI
	AAAAA		

Part D – Training

follows a pre-determined plan and format.

	<u> </u>		
20	How many Australian workers do you employ (include Australian citizens, permanent residents and New Zealand citizens)? Note : If your business employs more than 50 staff, your nearest estimate will do.	25	Please give an outline of the training you provided to your Australian employees in the past 12 months. Note: The department may seek evidence of this.
	Of this total, how many are:		
	(a) professionals;		A 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(b) tradepersons;	1000	
	(c) recent Australian university graduates with less than 2 years work experience;		
	(d) apprentices employed under a training agreement or contract of training;	26	What are your business' future training plans for Australian citizen and permanent resident staff?
	(e) other trainees employed under a training agreement or contract of training?	e de la companya de l	
2.	How many of your employees hold a temporary visa?		
	Of this total, how many are:	•	
1	(a) temporary business entrants (ie. 457 (business) visa);		
	(b) overseas students;		B. I. F. Wanteshadom on hucinass shills
	(c) working holiday makers;		Part E – New technology or business skills
	(d) other?	27	Was your business sponsorship approved on the basis that your business would introduce new or improved technology or business skills to Australia?
22	Of the employees recruited by your business during the last 12 months, how many were:		No
	(a) Australian citizens or permanent residents or New Zealand citizen;		Yes Outline how your business organisation has met its commitment to introduce, utilise or create in Australia new or improved technology or business skills
	(b) temporary visa holders?		Tion of important control of
23	What was your gross expenditure on wages and salaries for the most recent financial year?		
24	What was your expenditure on training your Australian employees for the most recent financial year?		Continued on the next pag
	Note: Include paid study leave, accredited training courses, reimbursement of study related costs, employment of designated training officers and the cost of in-house training which		

Part F - Sponsor's declaration

Part G - Agent details Provide the details requested below about the agent who is authorised I declare the details provided on this form are correct. to act on your behalf and to receive all written communications about Signature of this application. authorised Migration Agent Registration officer* Number (MARN) MONTH OR Date 7 DIGITS Offshore Agent ID Number Full name (BLOCK LETTERS) (if allocated by the department) Other Mr Mrs Ms Position in the business Family name Given names Telephone LAREA CODE number Business or *This form must be signed by someone with legal authority to act on company name behalf of the business sponsor. Postal address POSTCODE Telephone number or daytime contact NUMBER COUNTRY CODE AREA CODE Office hours Mobile phone As the agent named on this form, do you agree to the department communicating with you by fax, e-mail or other electronic means? No Give details Yes NUMBER COUNTRY CODE AREA CODE Fax number E-mail address 31 I understand and accept that I am the person appointed by the applicant to receive all written communications and act as his/her agent. Signature of agent MONTH YEAR Date If this form was completed by a business with fewer than 20 employees, please provide an estimate of the time taken to complete this form. the time actually spent reading the instructions, working on the questions and obtaining the information; and the time spent by all employees in collecting and providing

this information.

Hours

Minutes