FORM 1: APPLICATION

GENERAL				
Jurisdiction: AUSTRALIA				
Court of origin (where appropriate): HIGH COURT OF AUSTRALIA				
Appeal number (where appropriate):P72/2015		Date of filing: 19/SEPTEMBER/2015		
PHO-V-MINISTER FOR IMMIGRATION AND BORDER PROTECTION				
AGENTS				
Applicant's agents: AUSTRALIAN CONSTITUTIONAL TRUST				
Respondent's agents: AUSTRALIAN GOVERNMENT SOLICITORS				
1. DETAILS OF THE APPLICANT				
Applicant's full name: JULIE-ANNE PHO				
Original status:				
⊠Claimant	Defendant	□Intervener		
□Petitioner	Respondent			

AGENT (IF APPLICABLE)				
Name: SHAE WOODWARD - AUSTRALIAN CONSTITUTIONAL TRUST				
Address:	Telephone no: 6723 22543			
DOCTORS' COMMONS	Fax no:			
PO BOX 223	DX no:			
NORFOLK ISLAND	Ref:			
Postcode: 2899				
Email: BARASSOCIATION@NORFOLKISLAND.EDU.NF				
How would you prefer us to communicate with you?				
⊠Email				
□Post				
☐Other (please specify):				
COUNSEL (IF APPLICABLE)				
Name:				
Address:	Telephone no:			
	Fax no:			
	DX no:			
Postcode:	Ref:			
Email:				
How would you prefer us to communicate with you?				
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2. NATURE OF THE APPLICATION This applicant applies for: Extension of time Permission to intervene Security Order for substituted service ⊠Expedited hearing Review of Registrar's decision Other order (please specify) 3. GROUNDS ON WHICH APPLICATION IS MADE On what grounds are you making this application? I WANT TO APPEAL THE DECISION MADE BY THE HIGH COURT OF AUSTRALIA. I AM A VIETNAMESE NATIONAL WHO ARRIVED IN AUSTRALIA ON A STUDENT VISA IN JANUARY 2011. I ENROLLED IN THE BACHELOR OF COMMERCE COURSE AT MONASH UNIVERSITY, WHICH COMMENCED ON 18 FEBRUARY 2012 AND IS DUE TO CONLUDED ON 23 NOVEMBER 2016. ON 26 OCTOBER 2013 IT APPEARED TO A DELEGATE OF THE DEFENDANT MINISTER THAT MONASH UNIVERSITY HAD NOT REGISTERED MY ENROLMENT ON THE 'PROVIDER REGISTRATION AND INTERNATIONAL STUDENT MANAGEMENT SYSTEM' ('PRISMS'). AS THIS WAS THE CASE, I HAD BREACHED A CONDITION OF MY VISA IN THAT ACCORDING TO PRISMS, I HAD NOT BEEN ENROLLED IN A REGISTERED COURSE SINCE THAT DATE. MY

I DID NOT LEARN ABOUT THE CANCELLATION OF MY VISA UNTIL 7 DECEMBER 2014. I SOUGHT REVIEW OF THE DELEGATE'S DECISION AT THE MIGRATION REVIEW TRIBUNAL, WHICH DECIDED IT DID NOT HAVE JURSIDICTION. I THEN SOUGHT REVIEW BY THE HIGH COURT OF AUSTRALIA. A HEARING WAS HELD ON 4 AUGUST 2015. THE HIGH COURT HELD THAT I WAS IN BREACH OF MY VISA AND THAT IT SHOULD BE CANCELLED. I HAVE BEEN GIVEN UNTIL 11 NOVEMBER 2015 TO LEAVE AUSTRALIA OTHERWISE I WILL BE DEPORTED.

VISA WAS THUS CANCELLED.

4. CONSENT TO APPLICATION The following parties consent to the application: THE HIGH COURT OF AUSTRALIA See attached letter(s) dated: 14 AUGUST 2015

The following parties **object** to this application:

THE RESPONDENT - MINISTER FOR IMMIGRATION AND BORDER PROTECTION

See attached letter(s) dated: 24 AUGUST 2015

5. OTHER RELEVANT INFORMATION

I AM STILL STUDYING AT MONASH UNIVERSITY, AND I WANT TO COMPLETE MY DEGREE.
I HAVE NOT DONE ANYTHING WRONG – I HAVE NOT BREACHED ANY CONDITIONS OF MY VISA. THIS MESS IS DUE TO MONASH UNIVERSITY'S NEGLIGENCE.

6. DETAILS OF THE RESPONDENT Respondent's full name: MINISTER FOR IMMIGRATION AND BORDER **PROTECTION** Original status: Claimant ⊠ Defendant Intervener Petitioner Respondent AGENT (IF APPLICABLE) Name: COLLIN KARP Firm Name: AUSTRALIAN GOVERNMENT SOLICITORS Telephone no: (02) 8888 0170 Address: **555 WILLIAMS ST** Fax no: (02) 8888 0110 THE ROCKS DX no: **NSW** Ref: Postcode: 2000 Email: CKARP@AGS.COM.AU How would you prefer us to communicate with you? ■Email ■Post ■Other (please specify): **COUNSEL (IF APPLICABLE)** Name: Address: Telephone no: Fax no: DX no:

Ref:

How would you prefer us to communicate with you?

Postcode:

Email:

☐Email ☐Post ☐Other (please specify):				
7.CERTIFICATE OF SERVICE				
EITHER COMPLETE THIS SECTION OF ATTOM on what date was this form served on the Appellant: / / Respondent:20/AUGUST/2015	TACH A SEPARATE CERTIFICATE			
I certify that this document was served on	AGENT OF THE RESPONDENT - COLLIN KARP			
by	MY AGENT – SHAE WOODWARD			
by the following method:	REGISTERED MAIL			
Signature: JPhoSignature				
8. DETAILS OF THE REGISTRAR'S ORDER/DECISION BEING APPEALED				
Date of order/decision: / /				
Please return your completed form to:				
The Registrar				
The International Tribunal of Natural Justice,				
Registrar@ITNJ.org				