Application to Work in New Zealand (to travel to New Zealand or to be in New Zealand temporarily to work)

This form may be used to apply for a visa or permit, or	or doin.	
I am applying for a work visa. Mark this box if y permit and want to leave New Zealand and retu	you want to travel to New Zealand to work or if you already have a warn to continue working.	ork
I am applying for a work permit . Mark this box already have a work permit and want a further	if you are in New Zealand and want to work here temporarily or if yowork permit.	u
	Mark this box if you are in New Zealand and want to work here temporand while your work permit is current and return to continue working.	arily
What Work Visa and Permit policy are you applying u	under?	
Work to Residence General Work	Family Other (please specify)	
a decision to be made on your application before	ing for a further permit, you need to allow sufficient time for your current permit expires. If your permit does expire, your ur stay in New Zealand lawful or give you the right to remain in sidered.	
IMPORTANT INFORMATIO	ON ABOUT THIS FORM	
DO NOT use this form if you wish to	• • •	
	use the form <i>Application for a New Zealand Working Holiday</i> oply online. For further details please refer to our website e at the nearest NZIS branch; or	
- Business policy for a long-term busine Long Term Business Visa and Perm	ess visa or permit – please use the form <i>Application for a nit</i> (NZIS 1058).	
	for Working in New Zealand (NZIS 1016) before completing n carefully to ensure you are using the correct form.	
	y members cannot be included in this application form. cations for the type of permit they require.	
	d you MUST submit ALL of the documents that apply to you o so your application will be returned to you.	
 If you have a job offer you must submit a c 	opy of it with your application.	
	enable your application to be determined. You may also submit you wish to have considered but please read the note under	
All documents must be in English or t	translated	
Applicant to tick 1. General Requirem		Office use only
You must include the following ORIGINA		
a. A completed, signed application form		
b. The application fee (see our leaflet N refer to our website www.immigration	ew Zealand Immigration's Guide to Fees (NZIS 1028), or .govt.nz).	
 c. Your passport or travel document (what to leave New Zealand). 	nich must be valid for at least 3 months past the date you plan	
d. A recent passport size photograph at	tached to this form at the section indicated.	

2. Health Requirements	
a. People who intend to be in New Zealand for more than six months who are from a country, area or territory <u>not</u> listed as a low incidence tuberculosis (TB) country, area or territory who have spent more than a total of three months in the past five years in a country, area or territory <u>not</u> listed as a low incidence TB country, area or territory must complete a <i>Temporary Entry X-ray Certificate</i> (NZIS 1096).	
 People who intend to be in New Zealand for more than 12 months must complete a <i>Medical and Chest X-ray Certificate</i> (NZIS 1007). 	
Despite a. and b. above:	
 Pregnant women and children under 11 years of age are not required to have an X-ray, unless a special report is required. 	
Please refer to the <i>Health Requirements Leaflet</i> (NZIS 1121) for more details on immigration health policy and a list of low incidence TB countries, areas and territories.	
3. Character Requirements	
If you intend to be in New Zealand for two years or longer and you are aged 17 or over you must submit a Police Certificate from your country of citizenship and any country in which you have lived for five years or more since attaining the age of 17 years (or satisfactory evidence that you have never lived in that country).	
I have attached police certificates	
I am not required to submit police certificates	
4. Category Specific Requirements	
You must include the documentation listed in the particular work permit category under which you are applying – refer to the <i>Guide for Working in New Zealand</i> (NZIS 1016).	
Please do NOT submit ORIGINALS of documents in THIS section as the documents will NOT be returned to you. Please submit photocopies only. If we need to see an original document you will be asked to produce it at a later time.	
Work to Residence Policy – (Section B of this form)	
You must supply the documentation applicable stated in questions B1 to B4 (Also refer to the <i>Guide for Working in New Zealand</i> (NZIS 1016).	
General Work Policy – (Section C1 of this form)	
a. A completed <i>Supplementary Employer Form</i> (NZIS 1113) from your employer.	
b. Evidence of registration if this is required to undertake employment in the position you have been offered.	
 c. Evidence that you are suitably qualified by training and experience to do the job you have been offered. 	
General Work Policy/Other Categories/Specific Purpose or Event/Student and Trainees/Study to Work – (Section C2 of this form)	

Fa	amily Work Policy – (Section D of this form)	
Pa	rtners of New Zealand citizens or residents	
a.	Evidence that you and your partner meet the minimum requirements for the recognition of a partnership set out in <i>Guide for Working in New Zealand</i> (NZIS 1016).	
b.	Evidence that you are living together in a genuine and stable relationship.	
C.	Evidence that your partner is a New Zealand citizen or permanent resident.	
d.	Evidence that your partner intends to be in New Zealand for the same period of time you have applied for in this application.	
e.	A letter of support from your partner.	
Pa	rtners of Work Visa/Permit holders	
a.	Evidence of your partner's work visa or permit or eligibility to obtain a work visa or permit.	
b.	Evidence that you are living together in a genuine and stable relationship.	
C.	Evidence that you and your partner meet the minimum requirements for the recognition of a partnership set out in <i>Guide for Working in New Zealand</i> (NZIS 1016).	
d.	Evidence that your partner intends to be in New Zealand for the same period of time you have applied for in this application.	
	ertners of Student Visa and/or Permit holders (including partners of NZAID supported Student ermit holders)	
a.	Evidence that you are living together in a genuine and stable relationship.	
b.	Evidence that you and your partner meet the minimum required for the recognition of a partnership set out in <i>Guide for Working in New Zealand</i> (NZIS 1016).	
C.	Evidence that your partner intends to be in New Zealand for the same period of time you have applied for in this application.	
d.	Letter of support from your partner.	
e.	Evidence of your partner's Student Permit to study towards qualifications in areas of absolute skill shortage as specified in the Long Term Skill Shortage List or towards postgraduate qualifications (unless you are a partner of NZAID supported student, see f-j).	
	ou are the partner of NZAID supported Student Permit holder you are not required to provide idence of e. above but must provide the following:	
f.	Evidence of an offer of employment.	
g.	Letter of approval from NZAID.	
h.	A completed <i>Employer Supplementary Form</i> (NZIS 1113) from your employer.	
i.	Evidence of registration if this is required to undertake employment in the position you have been offered.	
j.	Evidence that you are suitably qualified by training and experience to do the job you have been offered.	
	you fall into any other category please tick this box and submit evidence with your application the specific purpose for which you need a work permit.	

Section A Personal Details

Prin	cipal applicant	Client number:	
A1	Name as shown in passport		
	Family: Given:		Attach one
A2	Preferred title Mr Mrs Ms Miss Dr other (ple	ase specify)	recent passport size photograph of yourself here. Write your name
A3	Other names you are known by		on the back.
A4	Your name in ethnic script		
A5	Gender Male Female Date of birth day m	onth year	
A7	Place and country of birth Place:	Country :	
A8	Passport details Number: Expiry Date: day month year	Country:	
A9	Your citizenship		
A10	Other citizenships currently held		
A11		Partner Divorced	Separated Civil Union
A12	Are you applying for a visa/permit on the basis of a partnership? If No, please go to A13. If Yes, please answer the following.		Yes No
	are you living in a genuine and stable partnership? If No please explain		Yes No
	• will your partner be in New Zealand for the same period of time?		Yes No
	do you meet the minimum requirements for the recognition of a partners	hip?	Yes No
	 do you intend to apply for residence under Partnership policy? If Yes, will your New Zealand citizen or resident partner be eligible to spon application and any application for residence under Partnership policy 	sor this	Yes No
	within 12 months?		Yes No
	 How long have you been living together in this partnership? 	Years	Months

Please email me instructions to register to check my application online. Please note: If you elect an agent to act on your behalf in question A16 your agent will be sent instructions for online enquiry. Agent client reference for online enquiry Use unique reference for each client (up to 10 characters: no more than 3 letters permitted, e.g. A123, or 1234C567CC are acceptable. Don't use punctuation marks or symbols). This code will appear in an notifications to an agent acting on behalf of an applicant. My residential address in my home country is: List all periods of employment, including self-employment. Date from (dd/mm/yyyy) Date to (dd/mm/yyyy) Name of employer Location Type of w occupation.						
Name Relationship Address Name and address for correspondence about this application: Phone - day: Phone - night: Fax: Email:				Tel	ephone	
Name Relationship Address Name Address Name and address for correspondence about this application: Phone - day: Phone - night: Fax: Email: If you have given the name and address of an agent in A15, do you authorise that agent to act on your behalf? Yes Tou can check the progress of your application online by registering for our online enquiry system. By tickin option you will also be advised by email when your application has been decided. (Please note: this facility available for applications lodged at a NZIS branch office listed in the "More Information and Advice of this form.) Please email me instructions to register to check my application online. Please note: If you elect an agent to act on your behalf in question A16 your agent will be sent instructions for online enquiry. Agent client reference for each client (up to 10 characters: no more than 3 letters permitted, e.g. A123, or 1234C567CC are acceptable. Don't use punctuation marks or symbols). This code will appear in an notifications to an agent acting on behalf of an applicant. My residential address in my home country is: List all periods of employment, including self-employment. Date trom (dd/mm/yyyy) Date trom (dd/mm/yyyy) Location Type of we occupative country is to be address and a self-employer and a self-employer acceptable. Don't use punctuation and policions.	Name and add	dress of any friends	s, relatives or cor	ntacts I have	in New Zealand are:	
Name Address Name and address for correspondence about this application: Phone - day: Phone - night: Fax: Email: If you have given the name and address of an agent in A15, do you authorise that agent to act on your behalf? Yes	Name			Relationship)	
Name Relationship Address Phone - day: Phone - night: Fax: Email: If you have given the name and address of an agent in A15, do you authorise that agent to act on your behalf? Yes Yes	Address					
Name Relationship Address Phone - day: Phone - night: Fax: Email: If you have given the name and address of an agent in A15, do you authorise that agent to act on your behalf? Yes Yes						
Name Address Name and address for correspondence about this application: Phone - day:	Name			Relationship)	
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Name and address for correspondence about this application: Phone - day:	Name			Relationshir	<u> </u>	
Name and address for correspondence about this application: Phone - day: Phone - night: Fax: Email:				riolationio		
Phone - day: Phone - night: Fax: Email: If you have given the name and address of an agent in A15, do you authorise that agent to act on your behalf? You can check the progress of your application online by registering for our online enquiry system. By tickin option you will also be advised by email when your application has been decided. (Please note: this facilities available for applications lodged at a NZIS branch office listed in the "More Information and Advice of this form.) Please email me instructions to register to check my application online. Please note: If you elect an agent to act on your behalf in question A16 your agent will be sent instructions for online enquiry. Agent client reference for each client (up to 10 characters: no more than 3 letters permitted, e.g. A123, or 1234C567CC are acceptable. Don't use punctuation marks or symbols). This code will appear in an notifications to an agent acting on behalf of an applicant. My residential address in my home country is: List all periods of employment, including self-employment. Date from (dd/mm/yyyy) (add/mm/yyyy) Name of employer Location Type of woccupative occupative country						
Phone - night: Fax: Email: If you have given the name and address of an agent in A15, do you authorise that agent to act on your behalf? You can check the progress of your application online by registering for our online enquiry system. By tickin option you will also be advised by email when your application has been decided. (Please note: this facility available for applications lodged at a NZIS branch office listed in the "More Information and Advice of this form.) Please email me instructions to register to check my application online. Please note: If you elect an agent to act on your behalf in question A16 your agent will be sent instructions for online enquiry. Agent client reference for each client (up to 10 characters: no more than 3 letters permitted, e.g. A123, or 1234C567CC are acceptable. Don't use punctuation marks or symbols). This code will appear in an notifications to an agent acting on behalf of an applicant. My residential address in my home country is: List all periods of employment, including self-employment. Date from (Date to (Ed/mm/yyyy) (Ed/mm/yyy	Name and add	dress for correspon	ndence about this	application:		
Fax: Email:					Phone - day:	
If you have given the name and address of an agent in A15, do you authorise that agent to act on your behalf? Yes You can check the progress of your application online by registering for our online enquiry system. By tickin option you will also be advised by email when your application has been decided. (Please note: this facilia available for applications lodged at a NZIS branch office listed in the "More Information and Advice of this form.) Please email me instructions to register to check my application online. Please note: If you elect an agent to act on your behalf in question A16 your agent will be sent instructions for online enquiry. Agent client reference for online enquiry Use unique reference for each client (up to 10 characters: no more than 3 letters permitted, e.g. A123, or 1234C567CC are acceptable. Don't use punctuation marks or symbols). This code will appear in an notifications to an agent acting on behalf of an applicant. My residential address in my home country is: List all periods of employment, including self-employment. Date from Obate to Odd/mm/yyyy) Name of employer Location Type of we occupation of the proper of the didimm/yyyy occupation.					Phone - night:	
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instructions for online enquiry. Agent client reference for online enquiry Use unique reference for each client (up to 10 characters: no more than 3 letters permitted, e.g. A123, or 1234C567CC are acceptable. Don't use punctuation marks or symbols). This code will appear in an notifications to an agent acting on behalf of an applicant. My residential address in my home country is: List all periods of employment, including self-employment. Date from (dd/mm/yyyy) Date to (dd/mm/yyyy) Name of employer Location Type of w occupation			· ·			ent will be cont
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	or 1234C567(notifications to My residential List all periods	address in my home	e country is:	oloyment.	Location	occupat

	I am currently employed by and my main occ (Please give name and address of employer. If not en		S.)		
	Employer name:		Telephone:		Fax:
	Employer address:		Email:		
	Main Occupation:				
	Your main occupation is the job you spent the last 12 months, please state your previous please state "Not applicable".				
	I have the following qualifications: (Please give details of all qualification(s) below. If y	ou have no qualification	ns please state	this.)	
	Name of qualification		itution where g		
		1 1			
		/ /			
		/ /			
	My stay in New Zealand will be financially s	supported in the follo	owing way:		
	The arrangement I have made for my outw	ard travel from New	Zealand is:		
ll	cation Details				
	If applying for a work visa :				
	This is the date I will enter or re-enter New Ze	ealand:		day month	year
	This is the date I will finally depart New Zeala	and:		day month	year
	This is the date I will linally depart New Zeala	uid.		day month	year
	I would like a single journey work visa			day month	your
	I would like a multiple journey work vis	sa .			
	If applying for a work permit:				
	This is the date I will be leaving New Zealand	Į.			
	This is the date I will be leaving New Zealane	•		day month	year
	This is the date I request my work permit to	be current to:			
	The is the date frequesting work pormit is	bo carront to.		day month	year
	Do you have a job offer in New Zealand?				Yes No
	If Yes , please provide the information reques	ted below.			
	Employer name:		Telephone:		Fax:
	Employer address:		Email:		
	Name of position offered:				
	Do you have qualifications relevant to your jo	b offer?			Yes No
	If Yes , please attach evidence.				
	Do you have work experience relevant to you	ır job offer?			Yes No
	If Yes , please attach evidence.				
	Note: If registration with a professional bo	ody is required for the	his job, plea	se provide th	is also.
	If you are applying under Work to Resid		Occaliana D		
	If you are applying under General Work	policy go to Section			
		policy go to Section go to Section D .	on C.	aro opplein	under

Section B Work to Residence Policy Requirements

B1	Talent (Accredited Employers) Work Policy Please mark the box to confirm you have supplied the following items: Offer of full time employment in New Zealand for a period of at least 24 months from an Accredited Employer for a position with a salary of NZ\$45,000 or more (the salary amount may be waived if you provide evidence to show you have exceptional talent in a field of art, culture or sport) Evidence you are aged 55 years or under Evidence you have met or are able to meet any New Zealand registration requirements necessary to take up your offer of employment. (If you do not have to meet any registration requirements state "N/A".) OR
B2	Talent (Arts, Culture and Sports) Work Policy a) Please briefly describe the particular field of art, culture or sport you consider you have exceptional talent in (this will be treated as your 'declared field' for the purposes of this policy).
	b) Please mark the box to confirm you have supplied the following items: A fully completed and signed <i>Talent (Arts, Culture and Sports) Sponsorship Form</i> (NZIS 1091) Evidence that you have exceptional talent in the field of art, culture or sport you have described in B2 a) above. This must include: • Evidence of your international reputation and record of excellence in your declared field, and • Evidence that you are still prominent in your declared field, and • Any additional evidence to show that your presence in New Zealand will enhance the quality of New Zealand's accomplishments and participation in your declared field.
	Evidence you are aged 55 years or under. OR
B3	 Long Term Skill Shortage List formerly Priority Occupations List (POL) Work Policy Please mark the box to confirm you have supplied the following items: A completed Employer Supplementary Form (NZIS 1113) that confirms that you have an offer of full time employment in New Zealand for a period of at least 24 months in an occupation currently included on the Long Term Skill Shortage List formerly Priority Occupations List (POL) that meets the specifications for that occupation. Evidence you have met or are able to meet any New Zealand registration requirements necessary to take up your offer of employment. (If you do not have to meet any registration requirements state "N/A".) Note: All applicants under the three Work to Residence policies above must include evidence of their health and character (see sections E and F of this form). If you have completed the questions relevant to your application in Section B or have been invited to apply under the Job Search Policy for General Skills Category Residence Applicants please go to Section E.
B4	How many people do you intend to include on your residence application?

Section C General Work Policy Requirements

- C1 Please supply the following:
 - A completed *Employer Supplementary Form* (NZIS 1113)
 - Evidence of Registration if this is required to undertake employment in the position you have been offered;
 - Evidence that you are suitably qualified by training or experience to do the job you have been offered.

Note: People applying for a Graduate Job Search Work Permit are exempt from the requirements at C1.

General Work Policy - Other Categories - Specific Purpose or Event - Student and Trainees - Study to Work

You need to supply evidence to show you meet the specific requirements for the policy relevant to your application. For details on specific requirements see our *Guide for Working in New Zealand* (NZIS 1016).

Section D Family Work Policy Requirements

D1

Partners of a New Zealand citizen/resident

Please supply the following:

- evidence that you and your partner are living together in a genuine and stable relationship. Refer to Guide for Working in New Zealand (NZIS 1016) for examples.
- evidence of your partner's New Zealand citizenship or residence status in New Zealand
- a letter from your partner supporting this application
- · evidence you and your partner:
 - * meet the minimum requirements for the recognition of a partnership
 - * are both aged 18 years or older (or evidence of parental/guardian/other support if aged 16 or 17 years)
 - * have met prior to this application being made
 - * are not close relatives
- evidence of the duration of your partnership.

D2

Partners of persons holding a work permit current for more than six months

Please supply the following:

- evidence that you and your partner are living together in a genuine and stable relationship. Refer to Guide for Working in New Zealand (NZIS 1016) for examples.
- evidence you and your partner are intending to live in New Zealand for the same period of time e.g. evidence of intended travel to New Zealand if you are both overseas
- evidence of your partner's work visa or work permit or eligibility to obtain a work visa or work permit
 e.g. a letter from NZIS giving approval in principle to the issue of a work visa or grant of a work permit.

D3

Partners of Student Visa and/or Permit holders

Please supply the following:

- evidence that you are living together in a genuine and stable relationship (refer to Guide for Working in New Zealand (NZIS 1016) for examples)
- evidence that you and your partner meet the minimum required for the recognition of a partnership (refer to Guide for Working in New Zealand (NZIS 1016) for examples)
- evidence that your partner intends to be in New Zealand for the same period of time
- · letter of support from your partner
- evidence of your partner's Student Visa and/or Permit to study towards qualifications in areas of absolute skill shortage as specified in the Long Term Skill Shortage List or towards postgraduate qualifications (not required for partner of a holder of a NZAID supported Student Permit).

If you are a partner of a holder of a NZAID supported Student Permit please supply the following additional documentation.

- · evidence of an offer of employment
- · letter of approval from NZAID
- completed *Employer Supplementary Form* (NZIS 1113) from your employer.
- evidence of registration if this is required to undertake employment in the position you have been offered.
- evidence that you are suitable qualified by training and experience to do the job you have been offered.

Section E Additional Details

If Yes, please	, not note.			
Have you un	dertaken military s	ervice in any country?		Yes
service, your	position/rank, unit	t(s) that you served in, a	your military service. Include and your role within the unit(e dates of your military s). Please also list an
	imber(s) assigned	to you.		
Date from (dd/mm/yy)	Date to (dd/mm/yy)	Rank	Unit	Role
/ /	/ /			
///	/ /			
/ /	/ /			
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/ /	/ /			
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	/ /			
Military ID nu	ımber(s):			
Are you pres	ently subiect to mi	litary service obligations	s in any country?	Yes
7	, ,	,	, ,	
If No. and vo		country in which comp	ulsory military service exists	s, state below why you
	military service.			

If Yes, please specify:		
Have you been associated with any group or organisation that has engaged		Va - Na -
in or promoted the use of violence to further their aims?		Yes No
If Yes, please specify:		
Have you ever committed or been involved in the commission of war crimes,		
crimes against humanity, and/or human rights abuses?		Yes No
If Yes, please specify:		
ion F Character Details		
Have you been:		
• convicted	Yes	No
• charged	Yes	No No
	Yes	No
-		
• under investigation	Yes	No
• under investigation for any offence(s) against the law in any country; or	IES	
 under investigation for any offence(s) against the law in any country; or deported 		No l
 under investigation for any offence(s) against the law in any country; or deported excluded (refused entry) 	Yes	No No
 under investigation for any offence(s) against the law in any country; or deported excluded (refused entry) removed 		No No
 under investigation for any offence(s) against the law in any country; or deported excluded (refused entry) 	Yes	

	Are you aged 17 years or older and intending to work in New Zealand follonger?	or 2 years or	Yes No		question F3 Section G)
	Have you submitted police certificates with another New Zealand Immig application in the past 24 months?	gration	Yes No	=	question F4 question F5
	Please provide details of the type of application made and the date the	application w	as lodged	l	
	Type of application:	ate of applica	ation:		
	We will advise you if we need you to submit updated police certific	cates at a lat	er date.	day mor	th year
	Have you attached police certificates from: all countries in which you have lived for 5 years or more since the age of 17 years?	attaining	Yes	No	
	your country(ies) of citizenship?		Yes	No	
	If No, please state any country(ies) of which you are a citizen but for wh because you have never lived there.	nich you have	not provi	ded police	certificates
20	ction G Health Details				
	Do you have Pulmonary Tuberculosis (TB)?		Ye	es	No
	Do you have any medical condition(s) that currently requires, or may re-	quire during y			
	Renal dialysis? Hospitalisation?		Ye		No No
	Hospitalisation?Residential care?*		Ye Ye		No No
	*Residential care is long-term care provided in a live-in care facility such as an aged-	person's facility			
	sensory, intellectual or psychiatric disability. If you have answered Yes to any of the above questions, please provide	e details belo	w:		
	I have read the <i>Health Requirements Leaflet</i> (NZIS 1121) and I am awainformation I need to provide with this application.	are of the hea		es	No
	Are you from a country that is not on the list of low incidence TB countrie	s?	Ye	es 📗	No
	Have you spent three months or more in the past five years in a country to the list of low incidence TB countries?	that is not on	Ye	es 📗	No
	If you have answered Yes to G4 or G5, please provide details below. For Health Requirements Leaflet (NZIS 1121).	a list of low in	ncidence 1	「B countrie	es, refer to t

G7	How long do you intend to work in New Zealand?				
	Have you submitted a medical certificate with another New Zealand Immigration application in the past 24 months?	Yes No		•	tion G8) tion G9)
G8	Please provide details of the type and date of the previous application:				
	Type of application: Date of appli	cation:			
	We will advise you if we need you to submit further information, such as tests, repolater date.	rts or a n	day ew cer i	month	year at a
G9	Have you attached a completed <i>Temporary Entry Chest X-ray Certificate</i> (NZIS 1096)? OR	Yes	No		
G10	Have you attached a completed <i>Medical and Chest X-ray Certificate</i> (NZIS 1007)?	Yes	No		
G11	Are you pregnant?	Yes	No		

Please note: All immigration visa and permit holders who access health services in New Zealand should carry a current passport to enable health providers to document eligibility status. We strongly recommend that you have comprehensive health insurance for the duration of your visit. For more information visit the Ministry of Health website at www.moh.govt.nz

Section H Declaration

Signature of principal applicant

I understand the questions and contents of this form, and the information I have provided is true and correct.

I understand that if, between the time that I make this application and the time it is decided, or between the time I am issued with a visa and the time I travel to New Zealand, any relevant matter relating to the application changes, I am obliged to inform the NZIS.

I understand I am responsible for making sure I leave New Zealand before my permit expires and that if I do not I may face removal action.

Residents and people holding work permits for a stay of two years or more (and their dependent children) are eligible for publicly funded health and disability services. Other work permit holders, students, and visitor permit holders generally are not eligible. People covered by New Zealand's Reciprocal Health Agreements with Australia and the United Kingdom are entitled to publicly funded health care for immediately necessary medical treatment only. I understand that if not entitled to free treatment, I will pay for any health care or medical assistance I or any person included in my application may require in New Zealand.

I authorise NZIS to provide information about my state of health and my immigration status to any health service agency. I authorise any health service agency to provide information about my state of health to the NZIS.

I authorise NZIS to make any enquiries it considers necessary in respect of information provided on this form in order to make a decision on this application and enquiries about my subsequent immigration status. I authorise any agency which holds information (including personal information) relevant to those matters to disclose that information to NZIS.

If granted a Limited Purpose Permit I understand that I am subject to immediate removal from New Zealand without appeal if I remain in New Zealand after the expiry date of that Permit.

Section I Declaration for Person Assisting the Applicant to Complete This Form
To be completed and signed by any person who has assisted the applicant to complete this form by explaining, translating or filling in the form for the applicant.
Full name of person assisting:
Address of person assisting:
I understand that after the applicant has signed this form it is an offence to alter or enter further information on it, alter any material attached to it, or attach any further material to it, unless the person making the alteration or addition states on the form what information or material has been altered or attached, why, and by whom. I understand that the maximum penalty for this offence is a fine of up to NZ\$100,000 and/or a term of imprisonment of up to 7 years.
I certify that I have assisted in the completion of this form and any additional forms at the request of the applicant and that the applicant understood the content of the form(s) and agreed that the information provided is correct before signing the declaration. I have assisted the applicant as a:
lawyer agent, consultant translator friend or other advisor Please specify:
Signature of person assisting:

month

vear

dav

month

year

More Information and Advice

You can get more information and advice from:

- Any of our NZIS branch offices overseas. We have overseas offices in Apia, Bangkok, Beijing, Hong Kong, Jakarta, London, Moscow, New Delhi, Nuku'alofa, Shanghai, Singapore, Suva, Sydney, Taipei and The Hague.
- Any of our NZIS branch offices in New Zealand, which are located in Auckland, Henderson, Manukau, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin.
- New Zealand diplomatic and consular offices.

All New Zealand Immigration Service forms and leaflets, and fee information, can be downloaded from the internet at: www.immigration.govt.nz.

Advance Passenger Screening

- New Zealand has implemented a system designed to enhance the security of New Zealand's borders. You may be refused permission to board your flight to come to, or return to, New Zealand if:
 - you do not have an appropriate visa to enter New Zealand; or
 - · your visa has expired; or
 - your visa has not been transferred to your current/new passport or the passport being used to enter New Zealand.
- To minimise any disruption to your travel plans please ensure your travel documents are up-to-date and that you have the appropriate and current visa. If you have any questions check www.immigration.govt.nz

Privacy Act

The information about you on this form is collected to determine your eligibility for a Work Permit and may also be used to contact you for research purposes or to advise you on immigration matters. This information may also be used to determine your entitlement to board a flight to come to or return to New Zealand. Your personal information will not be shared with airline check-in agents, however a boarding message will be returned to the airline check-in agent based on information you have supplied on this form.

The main recipient of the information is the New Zealand Immigration Service of the Department of Labour but it may also be shared with other Government agencies which are entitled to this information under applicable legislation, or with other agencies in accordance with an authority in the form.

The address of the New Zealand Immigration Service is PO Box 3705, Wellington, New Zealand. **This is not where your application should be sent.**

The collection of the information is authorised by the Immigration Act 1987 and the Immigration Regulations made under that Act. The supply of the information is voluntary, but if you do not supply it then your application is likely to be declined.

You will, if you come to New Zealand, have a right to see the information about you held by the New Zealand Immigration Service and to ask for any of it to be corrected if you think that is necessary.

Your application should be sent to your nearest New Zealand Immigration Service Branch or New Zealand Embassy or High Commission.

Collection Details				
	I wish to collect my documents when ready (Note – this option is not available to applicants in the Auckland region).			
	Please return all documents to me by "secure" post at the address given.			

Section J Fee Payment Details

I am paying (amount) Preferred methods of payment	Currency		Application n	umber		
Bank Cheque/Bank Draft	*EFTPOS	Cre	edit card or SWITCH			
Note the EFTPOS option is not available if lodging application by mail. SWITCH card issue number (in UK only)						
	,		Credit card (specify type)	Mastercard Visa		
Name of Cardholder		Card number	Expiry Date			
C.V.C. Number Signature of cardholder				day month year		
The following methods of payment can be used but are not recommended for the noted reasons						
Personal Cheque Your application will be held for 10 working days to ensure the cheque has cleared before it will be processed						
Cash Should	d not be sent through the	e mail for	security reasons			
Note:						

- · Money Orders are not an acceptable form of payment
- Please see our leaflet New Zealand Immigration's Guide to Fees (NZIS 1028). All current fees and specific payment
 instructions for offshore branches can be found on the NZIS website at www.immigration.govt.nz