

Eligibility Assessment Questionnaire					
Please provide us with answers to all the questions below, as these questions are to understand your circumstances better and to be able to assess in a more accurate manner your suitability for gaining the legal right to work and/or gaining permanent residency status in New Zealand. Where a question does not apply to you, please write N/A rather than leaving the question unanswered.					
Details about you					
Full Name:			Date of birth:		
Given Names:			Place of birth:		
Male <input type="checkbox"/> Female <input type="checkbox"/>			Country of Birth:		
Current home address (include city & country):			Main Email:		
Living situation:			Alternative email:		
Main citizenship:			Home Phone:		
List any other citizenships you have :			Mobile Phone:		
Marital Status:			Alternative Mobile Phone:		
If living with your partner, please state for how long have you been living together (mm/yyyy) :			Have you ever been divorced: Yes <input type="checkbox"/> No <input type="checkbox"/>		
			If you have been divorced, please state when: (mm/yyyy):		
Have you lived and/or worked in any countries other than your home country? : Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, where and for how long (please state the duration of all your combined visits/stays in each country):					
(Country1)	(date first entered)	(duration: mm/yyyy)	(Country2)	(date first entered)	(duration: mm/yyyy)
(Country3)	(date first entered)	(duration: mm/yyyy)	(Country4)	(date first entered)	(duration: mm/yyyy)
Details about your Spouse (husband/wife) or Partner					
Full Name:			Date of birth:		
Given Names:			Place of birth:		
Male <input type="checkbox"/> Female <input type="checkbox"/>			Country of Birth:		
Main citizenship:			Email Address:		
List any other citizenships your spouse/partner has :			Mobile Phone:		
			Have you ever been divorced: Yes <input type="checkbox"/> No <input type="checkbox"/>		
			If your spouse/partner has been divorced, please state when (mm/yyyy):		
Has your spouse/partner lived and/or worked in any countries other than his/her home country?: Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, where and for how long (please state the duration of all your combined visits/stays in each country):					
(Country1)	(date first entered)	(duration: mm/yyyy)	(Country2)	(date first entered)	(duration: mm/yyyy)
(Country3)	(date first entered)	(duration: mm/yyyy)	(Country4)	(date first entered)	(duration: mm/yyyy)
Your Children (including all children from your and/or your spouse/partner's previous relationships)					
1 st child Full Name:			Date of birth:		
Given Names:			Place of birth:		
Male <input type="checkbox"/> Female <input type="checkbox"/>			Country of Birth:		

Do you and/or your spouse/partner have full custody: Yes <input type="checkbox"/> No <input type="checkbox"/>		Country of Citizenship: 2nd citizenship:	
2 nd child Full Name:		Date of birth:	
Given Names:		Place of birth:	
Male <input type="checkbox"/> Female <input type="checkbox"/>		Country of Birth:	
Do you and/or your spouse/partner have full custody: Yes <input type="checkbox"/> No <input type="checkbox"/>		Country of Citizenship: 2nd citizenship:	
3 rd child Full Name:		Date of birth:	
Given Names:		Place of birth:	
Male <input type="checkbox"/> Female <input type="checkbox"/>		Country of Birth:	
Do you and/or your spouse/partner have full custody: Yes <input type="checkbox"/> No <input type="checkbox"/>		Country of Citizenship: 2nd citizenship:	
4 th child Full Name:		Date of birth:	
Given Names:		Place of birth:	
Male <input type="checkbox"/> Female <input type="checkbox"/>		Country of Birth:	
Do you and/or your spouse/partner have full custody: Yes <input type="checkbox"/> No <input type="checkbox"/>		Country of Citizenship: 2nd citizenship:	
5 th child Full Name:		Date of birth:	
Given Names:		Place of birth:	
Male <input type="checkbox"/> Female <input type="checkbox"/>		Country of Birth:	
Do you and/or your spouse/partner have full custody: Yes <input type="checkbox"/> No <input type="checkbox"/>		Country of Citizenship: 2nd citizenship:	

Your Qualifications

State the type : (Apprenticeship/Trade certificate, Diploma, Degree) (most recent 1 st)	Institution where qualification/training was obtained (include city)	Start Date (mm/yyyy)	Completion Date (mm/yyyy) (if incomplete, date when stopped)	Full or Part Time

Your Spouse/Partner' Qualifications

State the type : (Apprenticeship/Trade certificate, Diploma, Degree) (most recent 1 st)	Institution where qualification/training was obtained (include city)	Start Date (mm/yyyy)	Completion Date (mm/yyyy) (if incomplete, date when stopped)	Full or Part Time

Your Work Experience

Job/Occupation title (starting with current/most recent employment)	Company Name	Location (Country)	Start Date (mm/yyyy)	End Date (mm/yyyy)	Weekly hours worked

Are you able to provide references or service records/official company records / certificates of service for all the above employment periods: Yes ☐ No ☐

If one or more references, etc cannot be provided, please state the name of the company/companies this applies to :

Your Spouse/Partner’s Work Experience

Job/Occupation title (starting with current/most recent employment)	Company Name	Location (Country)	Start Date (mm/yyyy)	End Date (mm/yyyy)	Weekly hours worked

Is your spouse/partner able to provide references or service records/official company records / certificates of service for all the above employment periods: Yes ☐ No ☐

If one or more references, etc cannot be provided, please state the name of the company/companies this applies to :

Character

Have you or any family member included in this application ever had any application for any type of visa declined for any country or been deported/removed from any country?

Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details:
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Have you or any family member included in this application ever been investigated for, charged with or convicted of, any offence against the law in your home country or any other country:

Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details:
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Health

Do you or any family member included in this application suffer (or have suffered) from any health problems?

Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details:
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Do you or any family member included in this application have any medical condition(s) that require regular medication?

Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details:
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Family in New Zealand

Do you have any close family members who have NZ residency or citizenship? Yes ☐ No ☐

If yes, please give their details as follows:

Full Name	Their relationship to you	Gender	Date of birth	Immigration Status	Date (mm/yyyy) when they obtained NZ residence/citizenship

Does your spouse/partner have any close family members who have NZ residency or citizenship? Yes ☐ No ☐

If yes, please give their details as follows:

Full Name	Their relationship to you	Gender	Date of birth	Immigration Status	Date (mm/yyyy) when they obtained NZ residence/citizenship

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English Language Ability

Did you complete your elementary (primary) & high-school (secondary) studies in English? Yes ☐ No ☐
If yes, please state the country where you have completed your Primary & High-School education:
If no, please complete below:

Your Primary school name & location (city):	Your High-school name & location (city):	Your University/Polytech name & location (city):	Did you sit the International English Language Testing System (IELTS) test in the last 2 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details of the "overall passmark":
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Did your spouse/partner complete his/her elementary (primary) & high-school (secondary) studies in English? Yes ☐ No ☐
If yes, please state the country where he/she has completed his/her Primary & High-School education:
If no, please complete below:

Your spouse/partner's Primary school name & location (city):	Your spouse/partner's High-school name & location (city):	Your spouse/partner's University/Polytech name & location (city):	Did your spouse/partner sit the International English Language Testing System (IELTS) test in the last 2 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details of the "overall passmark":
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NZ Visa Details (only complete this if you and/or your family members are already in New Zealand)

	Date of arrival in NZ	Current visa type	Date of issue of current visa	Date of expiry of current visa
You				
Your Spouse/partner				
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				

Your Employment in New Zealand

Are you currently employed in New Zealand?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your current position full-time or part-time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your employment permanent or on a fixed term contract?	If it's for a fixed term, state how many year/s
Job title	Company name:
Starting date (mm/yyyy):	Company location (town/city):

Your spouse/partner's Employment in New Zealand

Is your spouse/partner currently employed in New Zealand?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is his/her current position full-time or part-time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is his/her employment permanent or on a fixed term contract?	If it's for a fixed term, state how many year/s
Job title	Company name:
Starting date (mm/yyyy):	Company location (town/city):

Thank you for taking the time to answer the above questions. It is not necessary to provide any documents at this stage. All information provided will be treated as private and confidential. Once we receive your email with the completed questionnaire, we will contact you and provide you with our comments accordingly.