

Working Holiday Schemes Online

You should complete all of the pages in this section before proceeding to the next section. The information about you is collected to determine your eligibility for a work visa under a Working holiday scheme.

ASSIST MIGRANTS & STUDENTS

PERSONAL 📀	HEALTH 🔯	CHARACTER 😵	WHS SPECIFIC 🙎		
Personal details	Identification	Occupation details			
Personal o	details				
You should complete	all of the pages	in this section before	proceeding to the next	section. The information abo	out you is
collected to determin	ne your eligibility	for a work visa under	a Working Holiday Sch	eme.	
Family name (as in p	assport)		①		
Given name 1 (as in	passport)		(1)		
Given name 2 (as in	passport)				
Given name 3 (as in	passport)				
Any other names you	u are or have ever	r been known by.			
Preferred title			Mr	×∨	
Other (please specif	y)				
Gender					
Data affiliati			Male	×∨	
Date of birth			①		
Country of birth			• Select an C	ption	
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	f you are curren ate an overseas		ou MUST state a New	Zealand address. If you are	e overseas
Street Number					
Street Name			0		
Suburb					
			①		
City			①		
Province/State					
PIN/ZIP code					
Country			① Select an C	Ontion V	
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Contact Detai	ls				
(Please provide the t	elephone numbe	rs at which you can be	contacted).		
Phone (daytime)					
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Phone (night)			(CountryCode Area)	ode TelephoneNumber e.g. 64 4	
Phone (mobile)			1234567)	ode retepriorientamber e.g. 04 4	
Filolic (illobite)			(CountryCode Netwo	rkCode TelephoneNumber e.g. 64 21	
Fax			1234567)		
(this address will be	used to contact y	ou about this	olafurarna	ds@tutanota.com	
application). Are you represented	by an <i>immigratio</i>	on adviser?	① Select an O	Intion V	
Communication met	hod			P.11011	
			Email	×∨	
Do you have a Visa o	or MasterCard car	d available for paymer	① Select an C	ption	
Important - p		information you have	e entered carefully t	o ensure it is correct befor	e going to

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PERSONA	AL 💿	HEALTH 💈	CHARACTER 8	WHS SPECIFIC 🙎		
Personal	details	Identification	Occupation detail	s		
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itizenship	of Passp	ort		Germany		
assport Ex	piry Date	е		7 March,	2025	
econd	Form	of Identifica	ation			
lease ente	er the det	tails of another Fo	orm of Identification y	ou would be able to	produce to pro	ove your identity.
lentificati	on Type			National	ID	×∨
ate Docur	nent was	Issued		4 March,	2015	
xpiry Date Where app		ment				
	ortant - next sec		information you ha	eve entered carefull	y to ensure it	is correct before

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PERSONAL O	HEALTH 😵	CHARACTER 😣	WHS SPECIFIC	8	
Personal details	Identification	Occupation detail	S		
Occupatio	on details	5			
	· ·	oation in which you a at may be of specific i		mally	work. If you complete this section we can
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					to return a list of matching industries and stry. Or you can view a <i>full list</i> to find the
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Occupation					
	select the one th				of matching occupations and click the ryou can view the <u>full list</u> to find the
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Selected Value:					
Please Note:					
			_		If you have not worked in the last 12 five years or more, please select "Not
Important -	V and a second	information you ha	ave entered caref	ully	to ensure it is correct before going to

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MINISTRY OF BUSINESS,
INNOVATION & EMPLOYMENT
HIKINA WHAKATUTUKI

New Zealand Government

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Previous

PERSONAL 💈



Online Services

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HEALTH 🔞

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CHARACTER 8

WHS SPECIFIC 💈

Health		
This section will help us determine whether you will meet our health require must read our Health requirements leaflet (NZIS 1121). This leaflet will tell you to complete to have this application considered.		
Do you have a medical condition that requires, or may require, renal	① Select an Option	
dialysis during your intended stay in New Zealand?	• Select all Option	
Do you have active tuberculosis (TB)?	① Select an Option	/
Do you have any of the following medical condition(s):		
— Cancer	• Select an Option	_
— Heart disease	• Select an Option	
— A mental, physical or intellectual disability	• Select an Option	/
Do you have any medical condition(s) that currently requires, or may require Zealand:	e during your intended stay in Ne	ew
 Hospitalisation 	• Select an Option	_
— Residential care (residential care is long-term care provided in a live- in facility such as a facility for people with a physical or psychiatric	① Select an Option	
disability and includes 24 hour supervision) If you answered "yes" to any of the questions above please provide details (further information on your medical condition).	(you may be required to provide	
In the five years prior to this application, have you spent (lived in and/or visited) a combined total of 3 months in any country or countries NOT considered to be <i>low risk for TB</i> .	• Select an Option	~
If you are a passport holder of a country NOT considered low risk for TB you certificate when you submit this application.	may be required to submit an x-ro	ay
Important - please check the information you have entered care the next section.	fully to ensure it is correct bef	ore going to
Previous SAVE COMPLETE LATER		Next >

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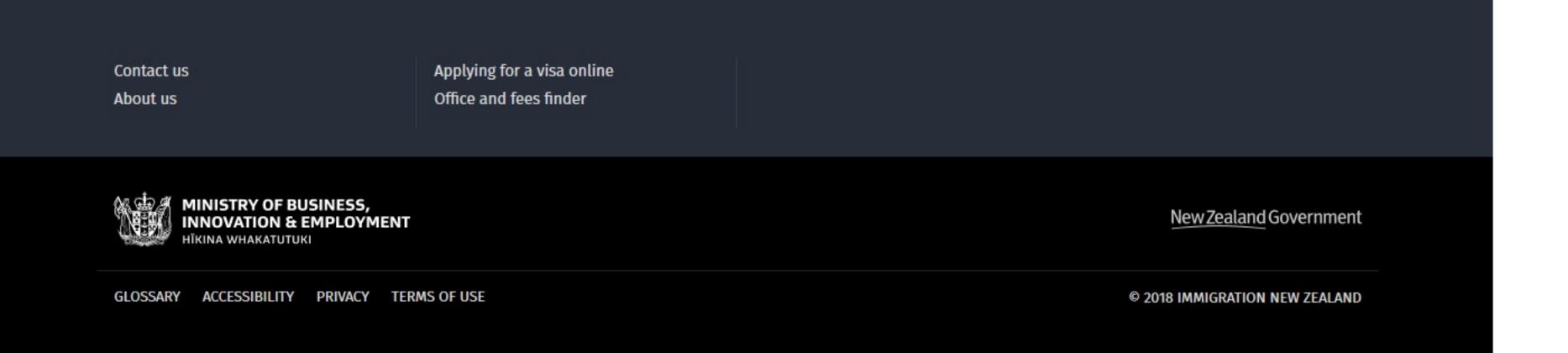
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sentenced to a term of imprisonment of 5 years or more, or for an indeterminate period capable of running for 5 years or more? Have you, in the 10 years preceding this application, ever been convicted of any offence for which you have been sentenced to imprisonment for a term of 12 months or more, or for an indeterminate period capable of running for 12 months or more? Do you have a New Zealand removal order in force against you? Have you ever been deported from New Zealand or any other country? If yes, please advise the date of your deportation and the country from which you were deported: Date Country Select an Option O Select an Option	Are you been charged Have you been charged Have you been convicted Have you currently under investigation any offence(s) against the law in any country; Excluded from or asked to leave Te you, in the 10 years preceding this application, ever been convicted in prisonment for a more? Select an Option	Have week	whom consisted of any offeres for which were best		
of any offence for which you have been sentenced to imprisonment for a term of 12 months or more, or for an indeterminate period capable of running for 12 months or more? Do you have a New Zealand removal order in force against you? ① Select an Option Have you ever been deported from New Zealand or any other country? ② Select an Option If yes, please advise the date of your deportation and the country from which you were deported: Date Country Select an Option ① Select an Option	any offence for which you have been sentenced to imprisonment for a m of 12 months or more, or for an indeterminate period capable of ning for 12 months or more? you have a New Zealand removal order in force against you? **O Select an Option** **Description** **O Select an Option** **O Se	sentenced to	a term of imprisonment of 5 years or more, or for an	① Select an Option	~
Have you ever been deported from New Zealand or any other country? (1) Select an Option If yes, please advise the date of your deportation and the country from which you were deported: Date Country Select an Option Have you been charged Have you been convicted Are you currently under investigation (1) Select an Option (2) Select an Option (3) Select an Option (4) Select an Option	We you ever been deported from New Zealand or any other country? O Select an Option es, please advise the date of your deportation and the country from which you were deported: te Unitry Select an Option Have you been charged O Select an Option O Select an Option Are you currently under investigation any offence(s) against the law in any country; or Excluded from or refused entry to O Select an Option	of any offenc term of 12 mo	e for which you have been sentenced to imprisonment for a onths or more, or for an indeterminate period capable of	① Select an Option	~
To select an Option If yes, please advise the date of your deportation and the country from which you were deported: Date Country Select an Option Have you been charged Have you been convicted To select an Option 1 Select an Option 1 Select an Option 1 Select an Option 1 Select an Option	es, please advise the date of your deportation and the country from which you were deported: te untry Select an Option Have you been charged O Select an Option Have you been convicted O Select an Option Are you currently under investigation any offence(s) against the law in any country; or Excluded from or refused entry to O Select an Option	Do you have	a New Zealand removal order in force against you?	① Select an Option	~
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Country Select an Option Have you been charged Have you been convicted The select an Option Select an Option Other select an Option Select an Option Other select an Option Select an Option	Have you been charged Have you been convicted O Select an Option	f yes, please	advise the date of your deportation and the country from which	ch you were deported:	
Have you been charged Have you been convicted Have you been convicted Oselect an Option Select an Option Select an Option Select an Option Select an Option	Have you been charged ① Select an Option ① Select an Option ① Select an Option ① Select an Option ② Select an Option	Date			
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any country? f yes please provide details					





PERSONAL 🔮

Working Holiday Schemes Online

HEALTH 🔞

CHARACTER 💈

You should complete all of the pages in this section before proceeding to the next section. The information about you is collected to determine your eligibility for a work visa under a Working holiday scheme.

WHS SPECIFIC 🔞

Important - The information you have provided indicat New Zealand. If this information is NOT correct it is ess		
details" Screen and change the country you have selec	· ·	Cisonal
lave you previously been issued a New Zealand Working Ioliday Visa?	• Select an Option	~
lote: ou must answer "Yes" even if you did not use this visa.		
you have sufficient funds available for your Working Holiday New Zealand? Check the amount of funds you will need <i>here</i> .	① Select an Option	~
ote: u must be able to present evidence of your funds upon quest.		
lease enter the date you intend to travel to New Zealand	①	1_1
ve you been to NZ before?	① Select an Option	~
es, when?		1_1
you have sufficient funds to purchase an outward ticket en you are due to leave New Zealand?	• Select an Option	~
lote: ou must be able to present evidence of your funds upon quest.		
o you meet the <i>specific requirements</i> for the scheme you are pplying for?	① Select an Option	~
Important - please check the information you have ent	ered carefully to ensure it is c	orrect before

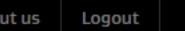
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Yes





Online Services

Confirm Submit

This section must be completed before you can submit the application.



You cannot change the information you have entered in this form after your application has been submitted. Before you complete this section please review the information you have entered in your application carefully to ensure ALL the details are correct.

Important

	Make sure you understand the declarations below before you agree to them.	
-	I understand that if I make any false statements, or provide any false or misleading information, or have changed or altered this form in any material way, my application may be declined, or my visa may later be revoked. I may also be committing an offence and be liable to prosecution.	Yes
_	I understand the notes and questions in this form, and I declare the information given is true and complete.	Yes
_	I understand that 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 my application changes, I am obliged to inform INZ.	Yes
_	I declare that there are no matters or warrants outstanding, or investigations of any kind, which could have any current or future effect on the assessment of my good character .	Yes
-	I authorise INZ to make any enquiries it deems necessary regarding the information provided on this form and to share this information with other Government agencies (including overseas agencies) to the extent necessary to make decisions about my immigration status. I also consent to any organisation providing relevant information to INZ about me.	Yes
-	I authorise INZ 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 INZ.	Yes
_	I accept that any advice given to me by INZ before submitting this form was intended to assist me, and acting on that does not mean that my application will be granted.	Yes
_	I understand that in order to work in certain occupations in New Zealand registration is required by law. I accept that the grant of a visa does not guarantee that registration will be granted.	Yes
_	I understand that INZ may provide information about my entitlement to work to potential employers via the online enquiry system. The enquiry system is authorised by legislation.	Yes
_	I understand I am responsible for making sure I leave New Zealand before my visa expires and that if I do not I may face removal action.	Yes
_	I am fully aware of the policy requirements I need to meet. I understand that if it is a condition	

of the scheme I am applying under I must be able to show evidence that I hold adequate

medical/hospitalisation insurance cover for the time I will spend in New Zealand.

Privacy Act

The information about you in this form is being collected to determine whether we will grant you a visa for a Working Holiday in New Zealand. The main recipient of the information is Immigration New Zealand, but it may also be shared with other Government agencies that are entitled to this information under applicable legislation. In particular, the Ministry of Social Development (Work and Income) may be given information about your personal resources.

This information may also be used to determine your entitlement to board a flight to come 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 collection of the information is authorised by the Immigration Act 2009 and the Immigration Regulations made under that Act. The supply of the information is voluntary, but if you do not supply the mandatory information required by the application form, then your application cannot be accepted. You will, if you are in New Zealand, have the right to see the information about you held by Immigration New Zealand, and to ask for any of it to be corrected if you think that is necessary. The addresses of Immigration New Zealand can be found on the INZ website at www.immigration.govt.nz

It is an offence to employ a person who is not entitled to work in New Zealand. One way for employers to avoid committing this offence is to check a person's entitlement to work with Immigration New Zealand's online enquiry service. If you believe that an employer has been given the wrong entitlement information via these services you may contact the Immigration Contact Center (0508 558 855) to request correction of that information

More Information and Advice

You can get more information and advice from:

- New Zealand diplomatic and consular offices.
- Any of our INZ branch offices overseas.
- Any of our INZ branch offices in New Zealand.

Details of all INZ branch offices overseas and in New Zealand and all INZ forms, leaflets, and fee information can be found on our website at www.immigration.govt.nz.

SUBMIT

CANCEL

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