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**FREE ELIGIBILITY ASSESSMENT**

Return to [admin@nzvisaconnections.com](mailto:admin@nzvisaconnections.com)

This assessment allows us to review your immigration options. Your information will remain confidential at all times.

Are you: Single Separated De Facto (living together)

Married Widow / Divorced

**Which visa do you want to apply for? ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **PERSONAL DETAILS** | | | | |
|  | **YOU** | | **PARTNER/SPOUSE** | |
| **Family name** |  | |  | |
| **First name** |  | |  | |
| **Title**  Ms / Mr / Dr |  | |  | |
| **Nationality** |  | |  | |
| **Age** | Age | DOB | Age | DOB |
| **Passport** | Expiry | Number | Expiry | Number |
| **Type of current visa for NZ (if any)**  **& Date of Expiry** |  | |  | |
| **Is English your first language?** | YES / NO  Fluent / Average / Beginner / Non-speaker | | YES / NO  Fluent / Average / Beginner / Non-speaker | |
| **Do you have children?** | (Please list names & ages) | |  | |
| **Are children included on this application?** | YES / NO | |  | |
| **Have a New Zealand job offer?**  **What are the details (include salary)?** |  | |  | |
| **Details of your current course OR study plans  (if a student)** |  | |  | |

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| **CONTACT DETAILS** | | | | | | |
| **Full Address** |  | | |  | | |
| **Country** |  | | |  | | |
| **Telephone Number** |  | | |  | | |
| **E-Mail** |  | | |  | | |
| **HEALTH & CHARACTER** | | | | | |
| **Details of any**  **medical conditions** |  | | |  | |
| **Details of any criminal convictions** |  | | |  | |
| **Any Police or Medical Certificates already with Immigration New Zealand?** |  | | |  | |
| **GENERAL** | | | | | |
| **Have you ever applied for an NZ visa before?** |  | | |  | |
| **Have you ever been unlawful in NZ or any other country?** |  | | |  | |
| **Ever had a visa declined?** |  | | |  | |
| **Anything else you want to tell us about your application?** |  | | |  | |
| **QUALIFICATIONS** | | | | | | | |
| **Name of Qualification**  **(as on certificate)** | | **Name of Institution** | **Location of Institution** | | **Start & End Date**  **of Study** | | |
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| **EMPLOYMENT – PLEASE COMPLETE THIS PAGE IF YOU WANT TO APPLY FOR A WORK VISA OR RESIDENCY** | | | | | |
| **Current Employment** | | | | | |
| **Date From**  **(DD/MM/YY)** | **Date To**  **(DD/MM/YY)** | **Company Name & Address** | **Average Hours per Week** | **Type of Work/Occupation/Job Title** | |
|  |  |  |  | |  |
| **Previous Employment** (include periods of self employment and employment outside New Zealand) | | | | | |
| **Date From**  **(DD/MM/YY)** | **Date To**  **(DD/MM/YY)** | **Company Name & Address** | **Average Hours per Week** | **Type of Work/Occupation/Job Title** | |
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| **Continue on separate sheet if needed** | | | | | |