Application For a New Zealand Working Holiday

Immigration New Zealand
TE RATONGA MANENE

SPECIAL NOTE: Applications under this category may be able to be made online.
For more information consult our website www.immigration.govt.nz or enquire at the nearest INZ branch.

Office Reference:

Please refer to www.immigration.govt.nz for a list of working holiday schemes and the documentation and fees which are required for each of these schemes. You should note that if you do not provide the correct documentation and/or fee with your application, your application may be returned to you unactioned.

Please note: New Zealand law prohibits any person on a temporary permit, including a working holiday scheme work permit, from providing commercial sexual services, or operating or investing in a business which provides such services.

Name of Scheme:

The information about you on this form is collected to determine your eligibility for a Work Visa or Permit. 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.

We may also use the information on this form to contact you for research purposes or to advise you on immigration matters. The main recipient of the information is Immigration New Zealand 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 Immigration New Zealand 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 access 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.

Health requirements

Applicant to tick | *Office use only*

- ❑ a. People who intend to be in New Zealand for more than six months who are from a country, area or territory not listed as a low incidence tuberculosis (TB) country, area or territory or who have spent more than a total of three months in the past five years in a country, area or territory not listed as a low incidence TB country, area or territory must complete a ***Temporary Entry X-ray Certificate*** (NZIS 1096). ❑
- ❑ b. People who intend to be in New Zealand for more than 12 months must complete a ***Medical and Chest X-ray Certificate*** (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 ***Health Requirements Leaflet*** (NZIS 1121) for more details on immigration health policy and a list of low incidence TB countries, areas and territories.

Personal details

Name as shown in passport:

1 Family: Given:

2 Gender: Male ☐ Female ☐

3 Date of birth: day month year

4 Other names known by:

5 Place and country of birth: Place: Country:

6 My citizenship:

Please attach a recent passport-sized photograph

7 Passport details: Number: Country: Expires on: day month year

8 Name and address of any contacts I may have in New Zealand (optional):

Name	Address	Relationship

9 My postal address and contact details for this application are:

	Telephone:
Email:	Fax:

10 The date I wish to travel to New Zealand is (approximately): day month year

11 The date I plan to depart New Zealand is (approximately): day month year

12 The arrangement I have made for outward travel from New Zealand is:

Character and health details

a. I have been ☐ I have **not** been ☐

- convicted/charged/under investigation for any offence(s) against the law in any country: or
- deported/excluded (refused entry)/removed from any country.

I have marked the above statement **"I have been"**. The reason is:

b. Do you have:

Active tuberculosis (TB) Yes ☐ No ☐

c. Do you have any medical condition(s) that currently requires, or may require during your intended stay in New Zealand:

Renal dialysis Yes ☐ No ☐

Hospitalisation Yes ☐ No ☐

Residential care* Yes ☐ No ☐

*Residential care is long-term care provided in a live-in facility such as an aged person's facility or a facility for people with a physical or psychiatric disability and includes 24-hour supervision and nursing care.

d. If you have answered Yes to any of the questions at b or c, please provide details below:

e. How long do you intend to be in New Zealand?

f. Are you required to submit a medical certificate? Yes ☐ (go to question g) No ☐ (go to question k)

Please read the ***Health Requirements Leaflet*** (NZIS 1121) for further details.

g. Have you submitted a medical certificate with another New Zealand Immigration application that was lodged in the last 24 months? Yes ☐ (go to question h) No ☐ (go to question i)

h. Please provide details of the type and date of the previous application:

Type of application: Date of application: day month year

We will advise you if we need you to submit additional information, such as tests, reports or a new certificate at a later date.

i. Have you attached a completed ***Temporary Entry X-ray Certificate*** (NZIS 1096)? Yes ☐ No ☐

j. Have you attached a completed ***Medical and Chest X-ray Certificate*** (NZIS 1007)? Yes ☐ No ☐

k. Are you pregnant? Yes ☐ No ☐

Declaration

I declare that I have not previously been issued a Work Visa or Work Permit under this New Zealand Working Holiday Scheme.

I am fully aware of the policy requirements I need to meet. I understand that if I am issued a Work Visa or Permit under this Working Holiday Scheme I must be able to show on arrival in New Zealand a return airline ticket or sufficient funds to purchase one; a minimum of NZ$4200 (or other amount specified in the scheme I am applying under) for my living expenses (in the form of cash, travellers cheques, a bank draft from my bank, or a recent New Zealand bank statement); and (if this is a condition of the scheme I am applying under) evidence that I hold adequate medical/hospitalisation insurance cover for the time I will spend in New Zealand under the scheme.

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 INZ.

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.

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 INZ. (**Please note:** All immigration visa and permit holders who access health services in New Zealand should carry a passport to enable health providers to document eligibility status.)

I authorise INZ 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 INZ.

Signature of applicant

day month year

Fee Payment Details

I am paying (amount) ☐ Currency ☐ Application number ☐

Preferred methods of payment

☐ Bank Cheque/Bank Draft ☐ EFTPOS* ☐ Credit 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 **Cash should not be sent through the 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 INZ website at **www.immigration.govt.nz.**

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.

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.