



Your Global Connection

WOBURN INTERNATIONAL LIMITED

FULL ASSESSMENT

The information requested below is essential so we may conduct an accurate assessment of your situation. Due to the nature of immigration requirements, some of the information is of personal nature. All details will remain strictly confidential and will be utilised only to provide accurate assistance to obtain the appropriate documents for you. **Please note that we will use this information as part of any future immigration application(s) so this must be complete and truthful.**

PART ONE: PERSONAL PARTICULARS

1. Given name: _____
2. Family name: _____
- 3a. Middle names: _____ 3b. Known as: _____
4. Have you ever been known by any other name? _____
5. Gender: Male ☐ Female ☐
6. Date of birth (DD/MM/YYYY):
7. Preferred title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other: _____
8. Partnership status: _____

Single
☐

Married
☐

Civil Partner
☐

Unmarried
Partner
☐

Dissolved
Partnership
☐

Widowed
☐

Divorced
☐

Separated
☐
9. Your current/most recent **overseas residential address** in your home country: _____
10. Your **current residential address** if different from 9.above: _____
11. Daytime Contact No: _____ Evening Contact No: _____
Mobile Contact No: _____ Fax No: _____
E-mail Address: _____
- 12a. Nationality: _____ 12b. Town/City **and** Country of Birth: _____
- 13a. Country of citizenship: _____
- 13b. National ID No(s): _____

14. Do you hold any other nationalities? YES ☐ NO ☐

Please provide details:

15. Passport number:

16. Place of issue:

17. Issuing authority:

18. Date of issue (DD/MM/YYYY):

19. Date of expiry (DD/MM/YYYY):

20(a). Do you hold a current New Zealand Visa?

YES ☐ NO ☐

20(b). If Yes state the type of Visa you hold:

21. Date of expiry of this visa (DD/MM/YYYY):

22a. Why are you looking to come to NZ?

Work / Live / Study / Visit / Invest / Other (please state)

22b. How long do you intend to stay in NZ for?

Permanent

YES ☐ NO ☐

If **Not Permanent** how long do you hope to be in New Zealand for?

☐ Under 12 months

☐ More than 1 year

☐ More than 2 years

☐ More than 3 years

23(a). Have you ever **applied** to visit New Zealand in the past?

YES ☐ NO ☐

23(b). If Yes state the type of visa applied for and the outcome. eg visitor visa for holiday and stayed for 2 months, visitor visa declined, work visa and worked here for one year etc (**please provide client or application number if available**):

Any non-declaration of previous declines may result in adverse character findings by Immigration NZ

PART TWO: QUALIFICATIONS AND WORK EXPERIENCE

24. List your qualifications below (DD/MM/YYYY):

| <u>Name of qualification, including subject</u> | <u>Date Commenced</u> | <u>Date obtained</u> | <u>Length of study</u> | <u>Institution where gained</u> |
|---|---------------------------|--------------------------|------------------------|---------------------------------|
|---|---------------------------|--------------------------|------------------------|---------------------------------|

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25. Please list below all periods of employment, including self-employment (DD/MM/YYYY):

| <u>From</u> | <u>To</u> | <u>Name of Employer</u> | <u>Location</u> | <u>Job Title</u> |
|-------------|-----------|-------------------------|-----------------|------------------|
|-------------|-----------|-------------------------|-----------------|------------------|

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26. What is your main occupation (Principal Applicant)?

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27. Are you, the Principal applicant, currently employed?

YES ☐ Provide details

NO ☐

Employment start date (DD/MM/YYYY):

Employer's Name

Employer's Address

Telephone:

Fax:

Email:

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PART THREE: PARTNER/SPOUSE (incl NZ PARTNER), CHILDREN AND OTHER DEPENDANTS

Complete this section only if you have a partner/spouse (including NZ partner), children or other dependants that will be relocating with you, or are already here in New Zealand.

Do not complete this section if your dependants will only visit you periodically.

28. Accompanying family details

| <u>Full legal name</u> | <u>Date of birth</u> (DD/MM/YYYY) | <u>Relationship</u> | <u>Place of birth and</u> <u>Country of Citizenship</u> | <u>Passport Expiry date</u> (DD/MM/YYYY) |
|------------------------|--------------------------------------|---------------------|--|---|
|------------------------|--------------------------------------|---------------------|--|---|

29. List any other Citizenships the above person/s hold.

30. Will your partner/dependants be in NZ, or coming to NZ to live with you? YES ☐ NO ☐
(This includes if they are already in NZ or travelling at a later date to join you)

31. When did you start living together in this relationship (DD/MM/YYYY)?

32. Does your partner hold any qualifications? YES ☐ NO ☐

33. List your partner's / spouse's University qualifications below (DD/MM/YYYY):

| <u>Name of Qualification,</u> <u>including subject</u> | <u>Date Commenced</u> | <u>Date Obtained</u> | <u>Length of Study</u> | <u>University/Institution</u> |
|---|-----------------------|----------------------|------------------------|-------------------------------|
|---|-----------------------|----------------------|------------------------|-------------------------------|

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34. List below all of your partner's periods of previous employment, including self-employment (DD/MM/YYYY):

| <u>From</u> | <u>To</u> | <u>Name of Employer</u> | <u>Location</u> | <u>Job Title</u> |
|-------------|-----------|-------------------------|-----------------|------------------|
|-------------|-----------|-------------------------|-----------------|------------------|

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35a. What is your Partner's / Spouse's main occupation?

35b. How many years experience does your Partner / Spouse have in this type of work?

PART FOUR:

ADDITIONAL BACKGROUND INFORMATION

36. PRINCIPAL APPLICANT AND PARTNER/SPOUSE

Have you or your partner/spouse undertaken any military service in your country? YES ☐ NO ☐

If YES, please provide a chronological account of your military service including:

| | | |
|-------------------------------|---------------------|---------|
| Dates of military service: | Principal Applicant | Partner |
| Branch of Military & Country: | Principal Applicant | Partner |
| Position/Rank: | Principal Applicant | Partner |
| Military ID No: | Principal Applicant | Partner |

37. Unit(s) that you served in your military role:

| <u>Date from</u> | <u>Date to</u> | <u>Rank</u> | <u>Unit Role</u> |
|------------------|----------------|-------------|------------------|
|------------------|----------------|-------------|------------------|

Principal Applicant:

Partner:

38. Are you presently subject to military service obligations in your country?

| | |
|---------------------|--|
| Principal Applicant | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|---------------------|--|

| | |
|---------|--|
| Partner | YES <input type="checkbox"/> NO <input type="checkbox"/> |
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39. If NO, are you a citizen of a country in which compulsory military service exists

| | |
|---------------------|--|
| Principal Applicant | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|---------------------|--|

| | |
|---------|--|
| Partner | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|---------|--|

Please state why you are exempt from military service:

Principal Applicant

Partner

40. Have you been associated with any intelligence agency or group, or law enforcement agency?

If YES, please specify

| | |
|---------------------|--|
| Principal Applicant | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|---------------------|--|

| | |
|---------|--|
| Partner | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|---------|--|

41 (TB). List all countries (including your home country) you have visited or lived in for a period of **3 months or more in the last 5 years**.

Principal Applicant

Partner

41 (Res). List all countries (including your home country) in which you have lived for **12 months or more in the past 10 years**.

Principal Applicant

Partner

41 (Temp). List all countries (including your home country) you have lived in for a period of **5 years or more since attaining the age of 17yrs**.

Principal Applicant

Partner

42 (a). Do you have a close family member living in New Zealand who is a resident or citizen of New Zealand?

YES ☐

NO ☐

42 (b) Do you have any close family member in New Zealand temporary?

Visiting ☐

Working ☐

Studying ☐

Unlawful ☐

42 (c). Do you have other friend or contact living in New Zealand who are a resident or citizen of New Zealand?

YES ☐

NO ☐

If you have answered Yes to any of the above, please provide details:

Name / Address / Relationship to you / Date of Birth (DD/MM/YYYY)/ Phone / email / current visa status

PART FIVE: HEALTH AND CHARACTER

43. Do you or any member of your family included in this application have any known medical conditions? YES ☐ NO ☐
44. Are you or any member of your family taking any medication? YES ☐ NO ☐

If you answered YES to either question 43 or 44 please provide details below:

45. Have you or any member of your family had any medical conditions requiring treatment: YES ☐ NO ☐
46. Is anyone included in this application pregnant: YES ☐ NO ☐

If you answered YES to question 45 or 46 please provide details below:

47. Have you or any member of your family ever been:
- Convicted YES ☐ NO ☐
- Charged YES ☐ NO ☐
- Under investigation YES ☐ NO ☐

48. For any offence(s) against the law of any country, have you ever been declined a visa to enter any country: YES ☐ NO ☐

49. Have you or any member of your family ever been refused a visa, refused entry, deported or other action taken in relation to immigration matters by **any country**, including New Zealand YES ☐ NO ☐

If you answered YES to question 47/48 /49 please provide details below:

Any non-declaration of health matters, offences, convictions, declined applications etc, may result in adverse health or character findings by Immigration NZ which will impact on your immigration application(s)

PART FIVE: OTHER INFORMATION

Please provide any further information you think would be relevant to your visa application:

I confirm that I have provided true and correct answers to the questions in this form.

Signature _____ **Name:** _____ **Date:** _____

Thank you for taking the time out to complete this questionnaire.
We will communicate further with you once we have assessed your case.

JUNE RANSON - Licence Number: 200800674
ANN NOLAN - Licence Number: 200800645
MEENA PATEL - Licence Number: 201200726
SAMA KANDASAMY - Licence Number: 201800949

