OFFICE USE ONLY | Client no.: | Date received: / / | Application no.:

INZ 1085

IMMIGRATION NEW ZEALAND
A SERVICE OF THE DEPARTMENT OF LABOUR

Working Holiday Scheme
Work Visa/Permit Application

for a temporary stay in New Zealand

Who should use this form?

Use this form to apply for a work visa/permit under any working holiday scheme except for the China Working Holiday Scheme. If you are applying under the China Working Holiday Scheme you must apply using the online system at www.immigration.govt/whs. See www.immigration.govt.nz/whs for a list of working holiday schemes and the documents and fees you must provide for each of these schemes. You may be able to apply online.

We will process your application only when we receive all the information and documents we need. If you do not send all the required information, we may return your application.

No person who holds a temporary permit (including a work permit) in New Zealand may provide commercial sexual services, or operate or invest in a business which provides commercial sexual services.

Health requirements

If you intend to be in New Zealand for more than 12 months you must complete a *Medical and Chest X-ray Certificate (NZIS 1007)* and provide it with your application.

If you intend to be in New Zealand for more than six months but not longer than 12 months, you must provide a completed *Temporary Entry X-ray Certificate (NZIS 1096)* with your application if you:

- are from a place that is not listed as a low incidence tuberculosis (TB) country, area or territory, or
- 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.

See the leaflet *Health Requirements (INZ 1121)* for more information and the list of low incidence TB countries, areas, and territories.

Pregnant women and children under 11 years of age are not required to have an X-ray, unless a special report is required.

If you seek health care when in New Zealand you should carry your passport so that health providers can check whether you are eligible for publicly-funded health care.

Download forms and guides from www.immigration.govt.nz/forms.

When filling in this form, please print clearly using **CAPITAL LETTERS**.
Complete all sections of this form.

Section A Your application

A1 Which working holiday scheme are you applying for a visa/permit under?

A2 Have you previously been issued a work visa/permit under this working holiday scheme?

☐ Yes *You are not eligible for another visa/permit under this scheme (unless you are applying for a further permit under the United Kingdom Working Holiday Scheme).*

☐ No

Section B Personal details

B1 Name as shown in passport

Family/last name

Given/first name(s)

B2 Other names you are known by or have ever been known by

B3 Gender ☐ Male ☐ Female

B4 Date of birth D D M M Y Y Y Y

B5 Town/city of birth

Country of birth

B6 Country of citizenship

B7 Passport number

Country

Expiry date D D M M Y Y Y Y

Section C Contact details

C1 Name and address for communication about this application

Name

Address

Telephone (daytime)

Telephone (evening)

Fax

Email

C2 Name and address of a friend, relative, or contact you have in New Zealand (if applicable)

Name

Relationship

Address

Section D Travel plans

D1 What (approximate) date do you intend to travel to/did you arrive in New Zealand? D D M M Y Y Y Y

D2 What (approximate) date do you intend to depart New Zealand? D D M M Y Y Y Y

D3 What arrangements have you made for your travel out of New Zealand?

Section E Your character

E1 Have you been:

- convicted ☐ Yes ☐ No
- charged ☐ Yes ☐ No
- under investigation ☐ Yes ☐ No

for any offence(s) against the law in any country?

E2 Have you been:

- deported ☐ Yes ☐ No
- excluded (refused entry) ☐ Yes ☐ No
- removed ☐ Yes ☐ No

from any country?

If you have answered **Yes** to any of the questions in E1 and E2, provide details below

Section F Your health

F1 Do you have pulmonary tuberculosis (TB)?

☐ Yes ☐ No

F2 Do you have any medical condition that requires, or may require, one of the following during your stay in New Zealand?

- Renal dialysis ☐ Yes ☐ No
- Hospital care ☐ Yes ☐ No
- Residential care ☐ Yes ☐ No

Residential care is long-term care provided in live-in facilities for the aged or for people with physical, sensory, intellectual, or psychiatric disabilities.

F3 If you have answered **Yes** to any of the questions in F1 or F2, provide details.

Medical certificates you must provide

F4 How long do you intend to be in New Zealand? If you are in New Zealand, this includes time already spent here.

F5 See 'Health requirements' on page 1. Are you required to submit a medical certificate?

☐ Yes ☐ No

F6 Have you submitted a medical certificate with another Immigration New Zealand application in the last 24 months?

☐ Yes. *Go to* F7 ☐ No. *Go to* F8

F7 Date of previous application D D M M Y Y Y Y

Type of application

You do not have to provide a medical certificate at this stage. We will advise you if you have to submit another certificate, test, or report, at a later date.

F8 Are you pregnant? ☐ Yes ☐ No

F9 Please tick one of the options below to show the evidence you have attached.

☐ *Temporary Entry X-ray Certificate (NZIS 1096).*

☐ *Medical and Chest X-ray Certificate (NZIS 1007).*

☐ I do not have to provide a medical certificate.

Children under the age of 11 years and pregnant women are not required to have an X-ray, unless a special report is needed.

About the information you provide

Deciding whether you are eligible for a visa or permit

Immigration New Zealand collects the information about you on this form to decide whether you are eligible for a work visa or permit. We may also use the information to contact you for research purposes or to advise you on immigration matters.

The address of Immigration New Zealand is PO Box 3705, Wellington, New Zealand. **Do not send your application to this address.**

Collecting the information is authorised by the Immigration Act 1987 and the Immigration Regulations made under that Act. You do not have to provide the information, but if you do not we are likely to decline your application.

Immigration New Zealand may also share the information you have provided with other government agencies that are entitled to it by law, or with other agencies (as you have agreed in the declaration).

If you come to New Zealand, you will be able to ask to see the information we hold about you and have any of it corrected if you think it is necessary.

For more information

If you have questions about completing the form:

- see our website www.immigration.govt.nz
- telephone our call centre on 0508 558 855 (within New Zealand)
- contact one of Immigration New Zealand's offices.

Immigration New Zealand has offices in Apia, Bangkok, Beijing, Hong Kong, Jakarta, London, Moscow, New Delhi, Nuku'alofa, Shanghai, Singapore, Suva, Sydney, Taipei, and The Hague. You can also contact New Zealand diplomatic and consular offices.

In New Zealand offices are located in Auckland, Henderson, Manukau, Hamilton, Palmerston North, Wellington, Christchurch, and Dunedin.

Section G Paying your application fee

See our *Fees Guide (INZ 1028)* or our website **www.immigration.govt.nz/fees** for more information about current fees and payment methods.

Your application fee

Amount you are paying:

Currency

Application number
(office use only)

Preferred methods of payment

We recommend that you use one of the following methods of payment for better security and faster processing:

☐ Bank cheque/bank draft

Credit card (choose one)

☐ Mastercard

☐ Visa

☐ SWITCH card (UK only)

SWITCH card issue number

Name of cardholder

Card number

Expiry date D D M M Y Y Y Y

CVC number *(Usually the last three digits printed on the signature strip on the back of your credit card.)*

Signature of cardholder

Date D D M M Y Y Y Y

Other methods of payment

☐ EFTPOS. *This option is available only for applications lodged at one of our New Zealand offices.*

☐ Personal cheque. *We will hold your application for 10 working days to allow the cheque to clear.*

☐ Cash. *Cash should not be sent through the mail for security reasons.*

We do not accept money orders.

Section H Declaration

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

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 enough money 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
- evidence that I hold adequate medical/hospitalisation insurance cover for the time I will spend in New Zealand under the scheme, if this is a condition of the scheme I am applying under.

I agree to tell Immigration New Zealand about any changes to my circumstances that occur after making this application.

I agree to leave New Zealand before my permit expires. If I remain in New Zealand after my permit has expired, I may be removed by Immigration New Zealand.

I agree that if I am not entitled to free health care in New Zealand, I will pay for any health care or medical assistance I may require in New Zealand.

I authorise Immigration New Zealand to provide information about my health and my immigration status to any health service agency. I authorise any health service agency to provide information about my health to Immigration New Zealand.

Signature of applicant

Date D D M M Y Y Y Y

This form has been approved under section 132(1) of the Immigration Act 1987