

NOVEMBER  
2018

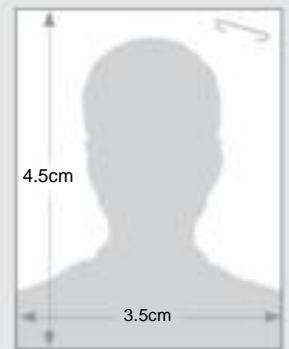
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## Skilled Migrant Certification Application

based on qualifications, employment or humanitarian reasons

### Section A Personal details

Attach two colour passport-size photographs of yourself here. The photographs must be less than six months old. Write your full name on the back of both photographs.



**A1** Name as shown in passport

Family/last name

Given/first name(s)

**A2** Preferred title Mr  Mrs  Ms  Miss  Dr

Other (specify)

**A3** Other names you are known by or have ever been known by

**A4** Gender  Male  Female

**A5** Date of birth

**A6** Town/city of birth

Country of birth

**A7** Passport details

Number

Country

Expiry date

**A8** Other citizenships you hold

**A9** Partnership status

Single

Separated

Partner

Divorced

Married/in civil union

Engaged

Widowed

## Section B Contact details

Note: We prefer to contact you using email. Please provide your email address if you have one.

### B1 Your current residential address:

Address

Telephone (landline)  Telephone (mobile)

Email

### B2 If you are currently in New Zealand, your most recent overseas address:

Address

### B3 Name and address for communication about this application.

Same as address at B1, or  as below

Name of contact person

Organisation name (if applicable) and address

Telephone (daytime)  Telephone (evening)

Email

### B4 Do you authorise the person stated at B3 to act on your behalf? Yes No

### B5 Do you authorise all other licensed immigration advisers or persons exempt from licensing who work for the organisation named at B3 to act on your behalf (if applicable)?

Yes Note: the person identified at B3 will receive all communication from Ministry of Labour, Welfare and Social Insurance.

No Only the person indicated at B3 may act on my behalf.

### B6 Have you received immigration advice on this application?

 You can seek advice from the representing attorney.

Yes

No

### B7 Names and addresses of the representing Attorney / Solicitor.

Name

Address

Relationship  Date of birth (if known)

Name

Address

Relationship  Date of birth (if known)

## Section C Your health

**C1** Do you have tuberculosis (TB)?  Yes  No

**C2** 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 defined as in-patient care for people with psychiatric, sensory or intellectual disabilities or live-in facilities for the aged.

**C3** If you have answered Yes to any of the questions in  C1 and  C2, provide details.

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**C4** Are you pregnant?

- Yes Date you are due to give birth  Go to  C5
- No Go to  C6

**C5** If you intend to give birth in New Zealand, please indicate how the cost of maternity health services will be paid for and provide the relevant evidence.

- Not applicable as I do not intend to give birth in New Zealand.
- I am, or will be eligible for publicly-funded maternity health services and have provided evidence of my eligibility.
- I will cover the cost myself and have attached copies (not originals) that I have at least \$ 9000 of funds available.
- My sponsor has guaranteed to cover the cost and I have attached a completed *Sponsorship Form for Temporary Entry (NZ 1025)*.

### Medical certificates you must provide

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**C6** Will you be in New Zealand for more than six years in total?

- No, you do not have to provide a chest X-ray certificate or a medical certificate. Go to Section D: Your character.
- Yes You may have to provide a chest X-ray certificate and a medical certificate if indicated at  C7.

## Section D Your Character

**All applicants must complete this section. If your application is declined for character reasons, Ministry of Labour, Welfare and Social Insurance may place a notation in your passport indicating that you applied for a visa for New Zealand.**

**D1** Have you been convicted at any time of any offence, including any driving offence? *Please note that this includes any conviction(s) outside of New Zealand subsequently cleared or wiped by 'clean slate' legislation.*

- Yes  No

**D2** Are you currently:

- under investigation  Yes  No
- wanted for questioning  Yes  No
- facing charges  Yes  No

for any offence in any country?

**D3** Have you ever been:

- excluded  Yes  No
- refused entry  Yes  No
- removed or deported  Yes  No

from any country, including New Zealand?

**D4** Have you ever been refused a visa/permit to visit, work, study or reside in any country?  Yes  No

**D5** Have you ever been a member of, or adhered to, any terrorist organisation?  Yes  No

**D6** Have you had (or currently have) an association with, membership of, or involvement with, any government, regime, group or agency that has advocated or committed war crimes, crimes against humanity and/or other gross human rights abuses?  Yes  No

If you have answered yes to any of the questions above give full details. This includes full details of any charges, convictions and the sentence or penalty imposed. Continue on a separate piece of paper if necessary.

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## Section E Employment and qualifications

Applicants who hold a current New Zealand work visa may go to Section F: Job offer. All other applicants must complete this section.

**E1** If you are currently employed, provide details

Employer's name | \_\_\_\_\_

Employer's address | \_\_\_\_\_  
\_\_\_\_\_

Telephone | \_\_\_\_\_ | Email | \_\_\_\_\_

Your position: | \_\_\_\_\_

**E2** List all periods of previous employment, including self-employment and employment outside New Zealand.

Date from (DD/MM/YY)	Date to (DD/MM/YY)	Name of employer	Location	Type of work/occupation/job title
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			

**E3** Give details of all qualifications you hold. If you have no qualifications, write 'No qualifications'.

Name of qualification	Date obtained (DD/MM/YY)	Institution where gained
	/ /	
	/ /	
	/ /	
	/ /	

## Section F Job offer

**F1** Do you have a job offer in New Zealand?  Yes  No Go to 'Section G: Declaration by applicant'.

**F2** Name and address of employer who has offered you a job.

Employer's name | \_\_\_\_\_

Employer's address | \_\_\_\_\_  
\_\_\_\_\_

Telephone | \_\_\_\_\_ | Email | \_\_\_\_\_

**F3** Name of position offered | \_\_\_\_\_



**F4** Do you hold a valid Skilled Migrant Certification, or have an application currently under assessment, for the position noted above?  Yes  No

## Section G Declaration by applicant

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

I understand that if false or misleading information is submitted, my application may be declined without further warning.

I agree to tell Ministry of Labour, Welfare and Social Insurance about any changes to my circumstances (including a change in my employment or partnership status) that occur after making this application.

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

I agree that if I am entitled to free health care in New Zealand, my Employer will pay for any health care or medical assistance I or my family may require in New Zealand.

I understand that if I have received immigration advice from an immigration adviser and if that immigration adviser is not licensed under the Immigration Advisers Licensing Act 2007 when they should be, Ministry of Labour, Welfare and Social Insurance will return my application.

I understand that Ministry of Labour, Welfare and Social Insurance may provide information about my entitlement to work to potential employers including via the Visa View system. If I undertake a course of study while in New Zealand, I authorise Immigration New Zealand to provide information about my immigration status to my education provider, including via Visa View.

I authorise Ministry of Labour, Welfare and Social Insurance 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.

I authorise Ministry of Labour, Welfare and Social Insurance to make any necessary enquiries about information on this form and/or accompanying documentation. I authorise any agency whether in New Zealand or overseas, including but not limited to border or immigration agencies, education providers, financial institutions, foreign embassies, government authorities, healthcare providers, police or other law enforcement agencies, that holds information (including personal information) related to information on this application form and/or accompanying documentation to disclose that information to Immigration New Zealand so that they can:

- make a decision on this application
- answer enquiries about my immigration status once my application has been decided.

I have provided all the documents required.

Signature of principal applicant \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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Signature of parent or guardian if principal applicant is under 18 years of age

\_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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## Section H Immigration adviser's details

This section must be completed by the applicant's immigration adviser. If the applicant has authorised all advisers within an organisation to act on their behalf at **B5**, only the person named at **B3** must complete this section. If the applicant does not have an immigration adviser, this section does not have to be completed.

**H1** If you are a licensed adviser, please provide your licence details.

Licence type  full  provisional  limited *List conditions specified in the register*

\_\_\_\_\_

Licence number 

2	0								
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*Go to Section I: Declaration by person assisting the applicant*

**H2** If you are exempt from licensing, tick one box below to show why you are exempt from licensing then go to Section I: Declaration by person assisting the applicant.

I provided immigration advice in an informal or family context only, and I did not provide the advice systematically or for a fee.

I have provided immigration advice in the course of my work (employed or volunteer) and that work exempts me from the requirement to be licensed. Indicate the reason for your exemption below.

Lawyer with current New Zealand practicing certificate  Community Law Centre  Citizens Advice Bureau

New Zealand Member of Parliament or staff  New Zealand public servant  Foreign Diplomatic/Consular

 See [New Zealand immigration](#) for more information about who is exempt from licensing.

**Section I** Declaration by person assisting the applicant

This section must be completed and signed by the applicant's immigration adviser, or by any person who has assisted the applicant by providing immigration advice, explaining, translating, or recording information on the form for the applicant. If the applicant does not have immigration adviser, and no one helped the applicant to fill in this form, this section does not have to be completed.

*If you are not exempt under the Immigration Advisers Licensing Act 2007, it is an offence for you to provide immigration advice without holding a license, and Immigration New Zealand will refuse to accept your client's application. More information about immigration adviser licensing can be obtained from the Immigration Advisers Authority*

Name and address of person assisting applicant.  Same as name and address given at **B3**, or  as below.

Family/last name Given/first name(s)

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Organisation name (if applicable) and address

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Telephone 

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 Email 

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I understand that after the applicant has signed this form it is an offence for me to change or add further information, or change or add any documents attached to the form, without making a statement identifying what information or material has been changed, added or attached and by whom. If I make these changes or additions, I must state on the form what they were, who made them and the reason they were made.

I understand that the maximum penalty for this offence is a fine of up to \$ 100,000 and/or a term of imprisonment of up to seven years.

I certify that the applicant asked me to help them complete this form and any additional forms. I certify that the applicant agreed that the information provided was correct before signing the declaration.

- I have assisted the applicant as an interpreter/translator
- I have assisted the applicant with recording information on the form

I have assisted the applicant in another way. Specify 

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- I have provided immigration advice (as defined in the Immigration Advisers Licensing Act 2007) and my details in Section H: Immigration adviser's details are correct.

Signature of person assisting 

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Date 

D	D	M	M	Y	Y	Y	Y
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