



Asian And Philippine

IMMIGRATION ASSISTANCE NEW ZEALAND
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PRELIMINARY ASSESSMENT QUESTIONNAIRE

Instructions: Fill out this form completely with true and correct information. All fields must be filled out.
You must answer "NA" (Not Applicable) if a question does not apply to your situation.

PERSONAL DETAILS

First name:	Middle name:	Last name:
Date of Birth (day/month/yr):	Age:	Gender: (male, female)
Country of Birth:	Marital Status: (Choose from - Never Married/Single, Married, Separated, Divorced, Widowed, Partnership/live-in)	
Town of Birth:		
Religion:		
Main Citizenship/Nationality:	Other Citizenships?	

CONTACT DETAILS:

Home Address in home country:		
Postcode:	Phone:	Mobile:
Your address if you are in New Zealand now:		
Postcode:	Phone:	Mobile:
Email Address:	Alternate Email Address (if any):	
If you are not living at your home address (home country), and if you are not in New Zealand, what is your current residential address?		

FAMILY DETAILS

Number of Children:	Male:	Female:	Ages:
Citizenship/Nationality(s):			

EDUCATION

Education: State any and all qualifications finished (Courses, or Certificates, or Diplomas, or Degrees, or Masters)			
Name of Completed Course/Degree/Certificate	Name of School/College and Address	Date Started (month/year)	Date Completed (month/year)

PRESENT EMPLOYMENT

Occupation:	Date started:	Phone(s):
If work or offer of work is in NZ, state your wage/salary per hour:		
Number of hours work per week based on Employment Contract:		
Company Name and Address:		
Your Main Tasks:		
How long in present job:	Do you hold an occupational license or registration? (Yes or No):	
If yes, what occupation:		
Name of issuing authority:	Date Issued:	
Are you self-employed? (Yes or No):		
If yes, name on business registration papers:		
Nature of Business:	Number of Employees:	
If interested in Work or Residence Visa, what is your current salary or wage?		

PAST EMPLOYMENT (add pages if necessary)

Employment details since leaving school: (Include only those for which you can obtain certificates of employment when asked for.)				
From/To (Month/Year)	Name and Address of Employer	Type of Business	Title/Position	Reason for Leaving

LANGUAGE DETAILS

Do you speak English? Choose: Speak Well / Fair / Little / No			Have you taken the IELTS exam? (Yes or No)		
If Yes, General or Academic IELTS?			Date exam was taken:		
Your score in all areas.	Reading:	Writing:	Speaking:	Listening:	Overall Band Score:
Other English test(s) taken for visa purposes in last 2 years and respective score:					

PASSPORT DETAILS

Passport Number:	Place of Issue:
Date Issued:	Valid Until:
If you have been in countries apart from your country of citizenship in the past 10 years, please list them here and the dates you were there:	
If you are now in New Zealand, what visa type are you holding?	
NZ Visa Expiry Date:	
If you had previously applied for a New Zealand visa, please state what visa, when, and outcome(s)?	

SPOUSAL/PARTNER/FIANCÉ DETAILS

Given First name/s:		Middle name:		Last name:	
Date of Birth (day/month/yr):		Age:		Gender: Male / Female	
Country of Birth:			Town/City of Birth:		
Religion:			Citizenship/Nationality(s):		
Current residential address if different from yours:					
Email Address:					
Does your spouse/partner/fiancé have any children of his/her own? (not to you): (Yes or No) If Yes, how many? Age range:					
Has your spouse/partner/fiancé previously applied for a New Zealand visa? (Yes or No) If Yes, please state what visa, when, and outcome(s) or result?					
Has your spouse/partner/fiancé previously applied for a visa to any other country apart from New Zealand? (Yes or No) If Yes, please state what visa, when, and outcome(s) or result?					
If he/she is now in New Zealand, what visa type is he/she holding? Date current NZ visa expires:					
Education Of Your Spouse/Partner: Write below the name of all qualifications finished (Courses, or Certificates, Diplomas, Degrees, or Masterals)					
Name of Completed Course/Degree/Certificate		Name of School/College and Address		Date Started (month/year)	Date Completed (month/year)
Employment details of your spouse/partner since leaving school including current employment: (Include only those for which you can obtain certificates of employment when asked for at a later date). Add extra page/s as necessary.					
From/To (Month/Year)	Name and Address of Employer		Type of Business	Title/ Position	Reason for Leaving
Does your spouse/partner speak English? Choose: Speak Well / Fair / Little / No					
Has your partner/spouse taken the IELTS exam? (Yes or No): If Yes, General or Academic:					
Date exam was taken:					
His/her score in all areas:		Reading:	Writing:	Speaking:	Listening:
Overall Band Score:					
Spousal/Partner Passport Number:					
Place Of Issue:		Date Issued:		Expiration Date:	

OTHER DETAILS

How did you find out about this agency? Choose: Friend / Relative / Internet / Other If Other, please specify:
Describe any health problems that you or any additional applicant coming with you, may have now, or have had in the past, if any:
Have you or any additional applicant coming with you, ever been convicted, imprisoned, or have any criminal case? If so, please describe briefly:
Have you or any additional applicant coming with you been involved in terrorist activities? Choose: Yes / No
Do you intend to start or acquire a business in New Zealand? Choose: Yes / No If yes, how much financing are you willing to commit to the business? US\$ _____ or NZ\$ _____

Declaration (Please Read Carefully):

I declare that all the information provided in this application is true and correct. I understand that if I make any false statements, provide any false or misleading information, or omit to provide any relevant information, that I may be committing an offense and be liable to prosecution. I understand that this pre-assessment questionnaire is solely for the use of Asian And Philippine Immigration Assistance (NZ) Ltd. I further understand that all information provided shall be kept in confidence in accordance with the Privacy Act 1993.

Agree (Write "yes" to agree):	Submit Date:
Print Name:	Signature (Only if completed in ink):