

Personal Details

1. First name:

PRELIMINARY ASSESSMENT QUESTIONNAIRE

Instructions: Fill up this form with true and correct information, read and agree/sign the declaration at the bottom, then send back to the above email address. You may also print this out, write the answers in black ink, block letters, then scan and email back to the above email address.

3. Last name:

2. Middle name:

4. Date of Birth (day/month/yr):			5. Age:			6.	6. Gender: Male / Female / Other		
7. Country of Birth:				8. Marital Status: Never Married/Single / Married / Separated /					
9. Religion:			Divorced	/ Wid	owed / Part	nership	/Live-in		
10. Main Citizenship/Nationality:				11. Other Citizenships if any:					
Contact Dataila				•					
Contact Details 12. Home Address in home countre									
Postcode:	Phone:			Mo	Mobile:				
Your address if you are in New Zealand now:				MODILE.					
Postcode:	ĺ	one:				Mo	Mobile:		
Email Address:				Alternate Email Address:					
17.If you are not living at your hom address?	e address	(no. 12 a	above), an					your current residential	
Family Details									
Number of Children:	Male:	F	emale:		Ages:				
Citizenship/Nationality(s):									
Education									
Education: State any and all quali	fications fi	nished (0	Courses, c	or Cert	ificates, or E	Diploma	as, or Degrees, o	or Masters)	
Name of Completed			ne of School/College and Address				Date Started month/year)	Date Completed (month/year)	
Present Employment									
Occupation: Date starte			ed:		Ph	Phone(s):			
If work or offer of work is in NZ, sta	ite your wa	ge/salar	y per hour	r:		·			
Number of hours work per week ba	ased on En	nployme	nt Contrac	ct:					
Company Name and Address:									
				1					

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	Name of issuing authority: Date Issued:						
Are you self-employed?	(Yes or No):						
If yes, name on business	s registration papers:						
Nature of Business:			Number of Er	nployees:			
If interested in Work or R	Residence Visa, what is your current	salary or wage:	-				
D4 F							
Employment details since (Include only those for w	· •	mployment when asked fo	or.)				
From/To (Month/Year)	Name and Address of Employer	Type of Business	Title/Position	Reason for Leaving			
Language Details							
<u>Language Details</u> Do you speak English? Speak well / Fair / Little / No Have you taken the IELTS exam? Yes / 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/s:							
Passport Details							
Passport Number:		Place of Issue:	Place of Issue:				
Date Issued:		Valid Until:	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 <u>visa type</u> are you holding?: Permanent / Temporary NZ Visa Expiry Date: (visa types link http://www.getnzvisa.com/Services.html)							
If you had previously applied for a New Zealand visa, please state what visa, when, and outcome(s)?							

SPOUSAL/PARTNER/FIANCE DET	<u>íAILS</u>					
1. Given First Name/s:	2. Middle Name:					
4. Date of Birth (day/month/yr):	5. Age: 6. Gender: Male / Female			emale / Other		
7. Country of Birth: 8. Religion: 9. Citizenship/Nationality(s):						
10. Current residential address if dif	ferent from yours:					
11. Email Address:						
12. Does your spouse/partner/fiance Age range:	have any children of his/her own?	? (not to you): `	Yes / No If Yes,	how many?:		
13. If your spouse/partner/fiancé hat them here and the dates he/she		ur country of cit	izenship in the past ⁻	10 years, please list		
14a. Has your spouse/partner/fiance	previously applied for a New Zea	land visa?: Yes	s / No			
14b. If Yes, please state what visa tyles link http://www.getnzvisa	• • • • • • • • • • • • • • • • • • • •	ılt/s:				
15a. Has your spouse/partner/fiance	previously applied for a visa to ar	ny other country	apart from New Zea	aland?: Yes / No		
15b. If Yes, please state what visa, v	when, and outcome(s) or result/s?:					
16a. If he/she is now in New Zealand, what type of visa is he/she holding? (visa types link http://www.getnzvisa.com/Services.html)						
16b. Date current NZ visa expires:						
17. Education Of Your Spouse/Partr Write below the name of all qua	ner Ilifications finished (Courses, or Ce	ertificates, or Dip	olomas, or Degrees,	or Masterals)		
Name of Completed Course/Degree/Certificate	Name of School/College and A	ddress	Date Started (month/year)	Date Completed (month/year)		
Present Employment of your spouse/partner.						
Occupation: Date Started: Phones:						
If work or offer of work is in NZ, state	e current wage/salary per hour:					
Number of hours work per week based on Employment Contract:						
Company Name and Address:						
Main Tasks:						
How Long In Present Job:						
Does she/he hold an occupational li	cense or registration?: Yes / No					
If yes, what occupation:						

Name of Issuing Authority:		Date Issued:						
Self-employed?:	Yes / No If yes, nam	ne on business	registration pape	ers:				
Nature of Business:			Number of Employees:					
(Include only t	letails of your spouse hose for which you ca e/s as necessary.	•	•	_		er date).		
From/To (Month/Year)	Name and Address of Employer		Type of Business		Title/Position	Reason for Leaving		
19. Does your spo	ouse/partner speak E	nglish?: Speak	Well / Fair / Littl	e / No				
Has your partner/s	spouse taken the IEL	TS exam?: Yes	/ No	If Yes, G	eneral or Academic	D:		
Date exam was ta	ken:		Overall Band So	core:				
His/her score in all areas: Reading: Writing: Speaking:			Listening: Overall Band Score:					
20. Spousal/Partner Passport Number:								
Place of Issue: Da			te Issued: Expiration Date:					
Other Details								
How did you find out about this agency?: Friend / Relative / Internet / Other If "Other" please specify:								
2. Describe any health problems that you have now, or have had in the past, if any:								
3. Have you ever been convicted, or been imprisoned, or has a criminal case been filed against you?: Yes / No If "Yes", please describe briefly:								
4. Have you been	involved in terrorist a	activities?: Yes	/ No					
5. Do you intend to start or acquire a business in New Zealand?: Yes / No If "Yes", how much financing are you willing to commit to the business? US\$ or NZ\$								

<u>DECLARATION</u>

(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):