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WOBURN INTERNATIONAL
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WOBURN INTERNATIONAL LIMITED

FULL IMMIGRATION ASSESSMENT

The information requested below is essential for us to have so we may assess your circumstances for a successful immigration process. Due to the nature of immigration requirements, some of the essential information is of a personal nature. All details will remain strictly confidential and will be utilised only to provide accurate assistance and obtain the appropriate documents for you.

PART ONE PERSONAL PARTICULARS

1. Given name: _____
2. Family name: _____
3. Other names: _____
4. Gender: Male ☐ Female ☐
5. Date of birth: DD/MM/YYYY ☐☐ ☐☐ ☐☐☐☐
6. Preferred title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other: _____
7. Your residential address in your home country: _____
8. Your current residential address if different from 7.above: _____
9. Daytime Contact No: Evening Contact No: _____

   Mobile Contact No: Fax No: _____

   E-mail Address _____
10. Nationality: _____ 11. Country of Birth: _____
12. Country of citizenship: _____
13. Do you hold any other nationalities? YES ☐ NO ☐ If YES, please provide details:

_____

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14. Passport _____

15. Place of issue: _____

16. Issuing authority: _____

17. Date of issue: DD/MM/YYYY

18. Date of expiry: DD/MM/YYYY

PART TWO QUALIFICATIONS AND WORK EXPERIENCE

19(a). Do you hold a current New Zealand Visa YES ☐ NO ☐

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

20. Date of expiry of this Visa:

21. How long do you intend to stay in NZ?

How long is the assignment for?

Permanent YES ☐ NO ☐

Temporary if Yes :

☐ For under 12 Months

☐ More than 1 year

☐ More than 2 years

☐ More than 3 years

22. List your qualifications below?

Name of qualification	Date Commenced	Date obtained	Length of study	Institution where gained

23. Please list below all periods of employment, including self-employment?

From	To	Name of Employer	Location	Job Title

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24. Partnership status:

Single	Married	Civil Partner	Unmarried partner	Dissolved Partnership	Widowed	Divorced	Separated
☐	☐	☐	☐	☐	☐	☐	☐

25. Will your partner be in New Zealand for the same period? YES ☐ NO ☐

26. How long have you been living together in this relationship? ☐

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

28. List your partner's qualifications below?

Name of Qualification	Date Commenced	Date Obtained	Length of Study	Institution where gained

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

_____

30. Are you, the Principal applicant, currently employed? YES ☐ Provide details NO ☐

Employer's Name _____

Employer's Address _____

_____

Telephone: _____ Fax: _____

Email: _____

31. List below all of your partner's periods of previous employment, including self-employment.

From	To	Name of Employer	Location	Job Title

32. What is your Partner's main occupation?

_____

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33. Have you or your partner undertaken any military service in your country? YES ☐ NO ☐

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

	Principal Applicant	Partner
Dates of military service:		
Position/Rank:		
Military ID No:		

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

Date from	Date to	Rank	Unit Role
Principal Applicant:			
Partner:			

35. Are you presently subject to military service obligations in your country? YES ☐ NO ☐

36. If NO, are you a citizen of a country in which compulsory military service exists YES ☐ NO ☐

Please state why you are exempt from military service:

37. Have you been associated with any intelligence agency or group, or law enforcement agency?
YES ☐ NO ☐ If YES, please specify

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PART THREE

SPOUSE, CHILDREN AND OTHER DEPENDANTS

Complete this section only if you have a spouse, children or other dependants that will be relocating with you. Do not complete this section if you have children who will visit you periodically.

38. Accompanying family details

Full legal name	Date ofbirth	Relationship	Country of Citizenship	Passport Expiry date

38 (a). List any other Citizenships the above person/s hold.

38 (b). List all countires the above person/s have lived in for 12 months or more since the age of 17 years.
38 (c). List all countires the above person/s have lived in for 5 years of more since the age of 17 years.

PART FOUR

ADDITIONAL BACKGROUND INFORMATION

39 (a). List all countries in which you have lived for 12 months or more since the age of 17 years.

39 (b). List all countries you have lived in for a period of 5 years of more since the age of 17 years.

39 (c). Do you have a close family member living in New Zealand who is a resident or citizen of New Zealand? YES ☐ NO ☐

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PART FIVE

HEALTH AND CHARACTER

40. Do you or any member of your family included in this application have any known medical conditions? YES ☐ NO ☐

41. Are you taking any medication? YES ☐ NO ☐

42. Have you or any accompanying family member had any medical conditions requiring treatment: YES ☐ NO ☐

43. Criminal Activity - have you ever been:

    Convicted YES ☐ NO ☐

    Charged YES ☐ NO ☐

    Under investigation YES ☐ NO ☐

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

45. In which country/countries have you spent 3 months or more in the past 5 years?

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

LICENSED BY Immigration Advisers Authority ™

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