

Application for Seasonal Work Permit

(to be in New Zealand temporarily to work)

Application No.

For NZIS Use Only

IMPORTANT INFORMATION

Only use this application form if you are applying for a work permit under the Horticulture and Viticulture Industries Seasonal Work Permit (SWP) Policy – 2006 Pilot.

Please note that you will only be eligible for a Seasonal Work Permit if you are currently in New Zealand and are from:

- a visa free country and hold a valid temporary permit; or
- a visa-required country and you held a valid temporary permit on 24 March 2006, and have continued to hold a valid temporary permit.

To enable your application to be accepted you **must** submit **all** of the following documents.

If you do not do so your application may be returned to you.

General Requirements

You must provide all of the following:

- A completed, signed application form.
- The application fee.
- Your passport or travel document (which must be valid for 3 months past the date you plan to leave New Zealand).
- A recent passport size photograph attached to this form in the section indicated.
- Evidence of sufficient funds to support yourself while in New Zealand (minimum of NZ\$350 per month).
- Evidence of a return ticket, or sufficient funds to purchase such a ticket.

Please **do not** send cash or original evidence of funds or travel tickets with this application. Send **copies only** of these items in the form of photocopies of traveller's cheques, bank drafts, letters of credit or a bank statement in your name.

You may also be required to provide a medical certificate or police clearance. Please read the following:

Health

People who intend to be in New Zealand:

- **for more than six months** who are from a country, area or territory not listed as low incidence for tuberculosis (TB) or who have spent more than a total of three months in the past five years in a country, area or territory not listed as low incidence for TB must complete a **Temporary Entry X-ray Certificate** (NZIS 1096).
- **for more than 12 months** must complete a **Medical and X-ray Certificate** (NZIS 1007).

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

Please refer to the **Health Requirements Leaflet** (NZIS 1121) for more details on immigration health policy and a list of low incidence TB countries, areas and territories.

Character

If you intend to be in New Zealand for two years or longer and you are aged 17 or over you must submit a Police Certificate from your country of citizenship and any country in which you have lived for five years or more since attaining the age of 17 years (or satisfactory evidence that you have never lived in that country).

Note: We may request additional information to enable your application to be determined.

Agents or Representatives

We do not require you to have an agent or representative, but if you decide to use the services of an agent or representative you are free to do so. We treat all applicants equally and we do not provide a preferential service to applicants with agents or representatives.

Conditions of the Seasonal Work Permit

The purpose of this policy is to allow for the grant of permits for employment of workers to plant, maintain, harvest, and pack crops in the horticulture and viticulture industries in regions where an absolute shortage of labour in these industries has been identified.

You must **not** undertake work that does not meet the purpose of this policy.

Regions that have been declared as having an absolute labour shortage will be announced on the Immigration website (www.immigration.govt.nz) in the Latest News page.

Privacy Act

The information about you on this form is collected to determine your eligibility for a Work Permit and may also be used to contact you for research purposes or to advise you on immigration matters. This information may also be used to determine your entitlement to board a flight to come to or return to New Zealand. Your personal information will not be shared with airline check-in agents, however a boarding message will be returned to the airline check-in agent based on information you have supplied on this form.

The main recipient of the information is the Department of Labour but it may also be shared with other Government agencies which are entitled to this information under applicable legislation, or with other agencies in accordance with an authority in the form.

The address of the Department of Labour is PO Box 3705, Wellington, New Zealand. **This is not where your application should be sent.**

The collection of the information is authorised by the Immigration Act 1987 and the Immigration Regulations made under that Act. The supply of the information is voluntary, but if you do not supply it then your application is likely to be declined.

You have a right to see the information about you held by the New Zealand Immigration Service and to ask for any of it to be corrected if you think that is necessary.

Your application should be sent to your nearest New Zealand Immigration Service Branch.

Section A Personal Details

Principal applicant

Client number:

Attach one recent passport size photograph of yourself here. Write your name on the back.

A1 Name as shown in passport
 Family: Given:

A2 Preferred title Mr Mrs Ms Miss Dr other
 (please specify)

A3 Other names you are known by

A4 Your name in ethnic script

A5 Gender Male Female **A6** Date of birth
 day month year

A7 Place and country of birth Place: Country:

A8 Passport details Number: Country:
 Expiry Date:
 day month year

A9 Your citizenship

A10 Other citizenships currently held

A11 Partnership status Married Never married Partner Separated
 Engaged Widowed Divorced Civil Union
 Never in a Civil Union Dissolved Civil Union

A12 I may be contacted at this New Zealand residential address and telephone number:

A13 Name and address for correspondence about this application:

<input type="text"/>	Phone - day:
<input type="text"/>	Phone - night:
<input type="text"/>	Fax:
<input type="text"/>	Email:

A14 If you have given the name and address of an agent in A13, do you authorise that agent to act on your behalf? Yes No

A15 I have a minimum of NZ\$350 per month of my intended stay and I have attached evidence of these maintenance funds. Yes No

A16 I have an outward travel ticket or sufficient funds to purchase an outward travel ticket and I have attached evidence of this. Yes No

Section B Character and Health Details

B1 I have been I have **not** been

- convicted/charged/under investigation for any offence(s) against the law in any country; or
- deported/excluded (refused entry)/removed from any country.

I have marked the above statement “**I have been**”. The reason is:

B2 Do you have active tuberculosis (TB)? Yes No

B3 Do you have any medical condition(s) that currently requires, or may require during your intended stay in New Zealand:

Renal dialysis? Yes No

Hospitalisation? Yes No

Residential care?* Yes No

*Residential care is long-term care provided in a live-in facility such as an aged person’s facility or a facility for people with a physical or psychiatric disability and includes 24-hour supervision and nursing care.

B4 If you have answered Yes to any of the questions at B2 or B3, please provide details below:

B5 Are you required to submit a police certificate (please refer to the Character information on page 1)? Yes (please attach) No

B6 Are you required to submit a medical certificate? Yes (go to question B7)
No (go to question B11)

Please read the **Health Requirements Leaflet** (NZIS 1121) for further details.

B7 Have you submitted a medical certificate with another New Zealand Immigration application that was lodged in the last 24 months? Yes (go to question B8)
No (go to question B9)

B8 Please provide details of the type and date of the previous application:

Type of application: Date of application: / /

day month year

We will advise you if we need you to submit additional information, such as tests, reports or a new certificate at a later date.

B9 Have you attached a completed **Temporary Entry X-ray Certificate** (NZIS 1096)? Yes No

B10 Have you attached a completed **Medical and Chest X-ray Certificate** (NZIS 1007)? Yes No

B11 Are you pregnant? Yes No

Section C Declaration

I understand the questions and contents of this form, and the information I have provided is true and correct.

I understand that if, between the time that I make this application and the time it is decided, any relevant matter relating to the application changes, I am obliged to inform the NZIS.

I understand I am responsible for making sure I leave New Zealand before my permit expires and that if I do not I may face removal action.

Short term work permit holders are generally not eligible for publicly funded health and disability services. People covered by New Zealand’s Reciprocal Health Agreements with Australia and the United Kingdom are entitled to publicly funded health care for immediately necessary medical treatment only. I understand that if not entitled to free treatment, I will pay for any health care or medical assistance I may require in New Zealand.

I authorise NZIS to provide information about my state of health and my immigration status to any health service agency. I authorise any health service agency to provide information about my state of health to the NZIS.

I authorise NZIS to make any enquiries it considers necessary in respect of information provided on this form in order to make a decision on this application and enquiries about my subsequent immigration status. I authorise any agency which holds information (including personal information) relevant to those matters to disclose that information to NZIS.

Signature of principal applicant

day month year

Section D

Declaration for Person Assisting the Applicant to Complete This Form

To be completed and signed by any person who has assisted the applicant to complete this form by explaining, translating or filling in the form for the applicant.

Full name of person assisting:

Address of person assisting:

I understand that after the applicant has signed this form it is an offence to alter or enter further information on it, alter any material attached to it, or attach any further material to it, unless the person making the alteration or addition states on the form what information or material has been altered or attached, why, and by whom. I understand that the maximum penalty for this offence is a fine of up to NZ\$100,000 and/or a term of imprisonment of up to 7 years.

I certify that I have assisted in the completion of this form and any additional forms at the request of the applicant **and** that the applicant understood the content of the form(s) and agreed that the information provided is correct before signing the declaration. I have assisted the applicant as a:

lawyer agent, consultant or representative translator friend or family member other advisor
Please specify:

Signature of person assisting:

day month year

Section E

Fee Payment Details

I am paying (amount) Application number

Preferred methods of payment

Bank Cheque/Bank Draft EFTPOS* Credit card

*Note the EFTPOS option is not available if lodging application by mail.

Credit card (specify type) Mastercard Visa

Name of Cardholder Card number Expiry Date

C.V.C. Number Signature of cardholder day month year

The following methods of payment can be used but are not recommended for the noted reasons

Personal Cheque Your application will be held for 10 working days to ensure the cheque has cleared before it will be processed.
 Cash **Cash should not be sent through the mail for security reasons.**

Note:

- Money Orders are not an acceptable form of payment.
- Please see our leaflet **New Zealand Immigration's Guide to Fees** (NZIS 1028). All current fees and specific payment instructions for branches can be found on the NZIS website at www.immigration.govt.nz.

Collection Details

- I wish to collect my documents when ready. (Note: This option is not available to applicants in the Auckland region).
- Please return all documents to me by "secure" post at the address given.