


IMMagine New Zealand Eligibility Questionnaire




This is not an official Government form but has been designed by us to gather all the information required to assess your eligibility to meet your immigration objective. All information received through this form will be treated in the strictest confidence and will not be passed on to any third party without your expressed permission.

1. Personal Details – Principal Applicant

Date:	20 February 2012	How did you find us (select):	Select	Consultant (select):	Office Use
Last Name:		Home Ph:		Work Ph:	
First/Given Names:		Email Address:			
Male / Female:	Select	 Date of Birth:			
Country of Birth:		List all citizenships held:			
Marital Status:	Select	How long have you lived together:	Select		
Have you ever been divorced?	Select	If divorced, please state when:			
Postal Address:					

2. Personal Details – Spouse / Partner

Last Name:		Home Ph:		Work Ph:	
First/Given Names:		Email Address:			
Male / Female:	Select	 Date of Birth:			
Country of Birth:		List all citizenships held:			
Marital Status:	Select	How long have you lived together:	Select		
Have you ever been divorced?	Select	If divorced, please state when:			

3. Children (including all from previous relationships)

	Date of Birth:	Male / Female:	Country of Residence:	Country of Citizenship:	Do you have full custody:
Full Name:		Select			Select
Full Name:		Select			Select
Full Name:		Select			Select
Full Name:		Select			Select
If you are separated or divorced from the biological parent of any children from a former relationship, will that parent be willing to provide written consent allowing the child to be removed from their home country.					Select

4. New Zealand Visa Details *(only complete if you are in NZ)*

	You	Spouse / Partner	Child 1	Child 2	Child 3	Child 4
Arrival Date:						
Visa Type:	Select	Select	Select	Select	Select	Select
Visa Expiry:						

5. Character



Please list **all** countries that you, or anyone included in this application aged 17 years or over, have spent a **total** of 12 months or more (not necessarily consecutively) in the last 10 years. This **includes** your country of **current** residence.

	Countries	Date of Entry	Date of Departure
You:			
Spouse/Partner:			
Child (Name):			
Child (Name):			
Child (Name):			
Child (Name):			



Has any person included in this application spent a total of 5 years or more (not necessarily consecutively) in any country since their 17th birthday? If so please provide the relevant details below.

Name:			
Name:			
Name:			
Name:			



Has **any** person included in this application **ever** been investigated for, charged with or convicted of **any** offence in **any** country?

Select		If "Yes" Please provide details (dates, charge, sentence etc)
Name:		



Has any person included in this application ever had an application for a temporary or permanent visa declined by **any** Government of **any** country or been deported/removed at **any** time from **any** country?

Select		If "Yes" Please provide details (dates, charge, sentence etc)
Name:		

6. Health

Do you or any person included in this application have any current medical condition that requires regular medication, monitoring or care by your GP or Specialist? If yes please provide details of the condition, date of diagnosis, any treatment and current prognosis. <i>If "Yes" please provide details:</i>	Select
Have you or any person included in this application had any medical condition for which you/they were referred to a specialist or spent time in hospital? <i>If "Yes" please provide details:</i>	Select

Please provide the height (cms) and weight (kgs) of any person included in this application


Name:	Height:	Weight:
Name:	Height:	Weight:
Name:	Height:	Weight:
Name:	Height:	Weight:
Name:	Height:	Weight:

7. Your Education & Qualifications

Qualification Type, e.g. Degree, Diploma, Trade etc:	Institution where qualification was studied:	In which country is the institution based?	Major Subject(s):	Start Date:	End Date:

For your Spouse / Partner:

8. Your Work Experience

 If you provide us with a current CV/Resume you can leave the following section blank.						
Job Title:	Country in which experience was gained:	Company Name:	Full or Part Time:	Start Date:	End Date:	Can this be documented or independently verified?
			Select			Select
			Select			Select
			Select			Select
			Select			Select
			Select			Select

For your Spouse / Partner:

			Select			Select
			Select			Select
			Select			Select
			Select			Select
			Select			Select

9. English Language Ability

Please complete the following section for all people included in this application who are 16 years or older.

	Which country did you complete your secondary (high) school education in:	Language of instructions:	How would you rate your English ability:	Have you ever completed an International English Language Test (IELTS)	If you have completed an IELTS test, please provide the following details:	
You:			Select	Select	Score:	Date:
Spouse/Partner:			Select	Select	Score:	Date:
Child (Name):			Select	Select	Score:	Date:
Child (Name):			Select	Select	Score:	Date:
Child (Name):			Select	Select	Score:	Date:
Child (Name):			Select	Select	Score:	Date:

10. Immediate Family

Please list all immediate family members whether or not they live in NZ, in the spaces below. Immediate family means children, parents, brothers, sisters – includes 'step' and 'half') for you and your spouse/partner.

Your Family	Date of Birth:	Country of Residence	Relationship to you or your spouse:	If in NZ, please enter date residence was granted.
Full Name:				
Full Name:				
Full Name:				
Full Name:				
Your Spouse/Partners Family	Date of Birth:	Country of Residence	Relationship to you or your spouse:	If in NZ, please enter date residence was granted.
Full Name:				
Full Name:				
Full Name:				
Full Name:				

10. Your Capital Situation

We seek this information from you to ascertain whether you will be eligible under certain categories of current immigration policy. This information is treated in the strictest of confidence and will not be released to any third parties without your expressed permission.

What is your combined (if applicable) net worth, including cash, property, investments and other assets?	Local Currency:
Do you have net assets in excess of NZD\$ 2.5 million?	Select
Would you be prepared to transfer a minimum of NZD\$1.5 million to NZ within 24 months of your application being successful?	Select
Do you have net assets in excess of NZD\$ 10 million?	Select
Have you ever been involved in a business (as owner or senior employee) that had at least 5 full time staff and an annual turnover/sales equivalent to NZD\$ 1 million over three years (not necessarily consecutively)?	Select

11. Your Business Experience *(only complete if you would consider owning a business in NZ)*

You may need to continue these answers on a separate sheet.

Have you ever owned your own business?	Select
If you have owned your own business please answer the following details	Type of business (industry/service):
	Your shareholding (%): Years of operation:
	Average sales/turnover for the last three years:
	Number of full time employees for the last three years:
Have you ever been involved with any business that failed or have you ever been bankrupted?	Select Details:
Have you been to New Zealand and if so when?	Select Date of visit:
What sort of business would you purchase/establish?	Details:
Have you done any research into purchasing/establishing a business in NZ?	Details:
What sort of capital do you think you would need to purchase or establish this business?	NZD\$:

12. Employment in New Zealand

Do you or your spouse/partner have an offer of full time employment (30 hours per week) in New Zealand? <i>Answer each question as applicable</i>		Select
Name of the business:	Job Title:	
Basic Job Description:		
Salary/Wage (before tax):	Location (city/town):	
Duration (temporary/permanent): Select	Expected Start Date:	
Any other details:		

Submit Your Completed Questionnaire


	<p>To submit your completed Questionnaire, simply save the completed file to your desktop and then email it back to us at: info@imagine.co.nz</p>
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Notes:	Age:	
	Qualifications:	
	Bonus Quals:	
	Work Exp:	
	Bonus Work:	
Strategy/Actions:	Spouse Qual:	
	Job Offer:	
	Other:	
	Total:	
	Tier:	Select