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**Eligibility Assessment**

**MAIN APPLICANT**

|  |  |
| --- | --- |
| Family Name (Surname): |  |
| Given Names: |  |
| Male / Female |  |
| Home and Work Phone No |  |
| Cell Phone No: |  |
| Email Address |  |
| Date of Birth: |  |
| Country **and** city of Birth: |  |
| All citizenships: List all countries of citizenship |  |
| Marital Status: **Write in next block**  Married; Never Married , Divorced  Widowed, Separated |  |
| De Facto (living together + how long you have been living together?) |  |

# EDUCATION & QUALIFICATIONS

**Please list your highest qualification:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qualification e.g. degree, diploma, apprenticeship, trade certificate  (Specify – don’t just put Diploma) | Institution where qualification gained, and language of studies | Year of Graduation | Full-time or Part time | Start and completion dates |
|  |  |  |  |  |
|  |  |  |  |  |

**MAIN APPLICANTS WORK EXPERIENCE**

|  |  |  |
| --- | --- | --- |
| What is your normal occupation;**explain fully** | How many years’ experience do you have in this occupation | Do you have letters from previous employers stating start and end dates |
|  |  |  |

**If you have a curriculum vitae/resume, please attach as well.**

# HEALTH, CHARACTER

**MEDICAL**

# MAIN APPLICANTS (& OTHERS INCLUDED IN THIS APPLICATION)

\* Do you **or any person associated with this application (partner & children)** have any medical condition

which requires regular medication or hospitalisation? Yes No

\* Have you **(or anyone associated with this application)** had any medical condition in the past for which

You/they have been referred to a specialist or spent time in hospital? Yes No

\* Do you or any person included in this application have tuberculosis (TB)? Yes No

**E2**

\* Do you or any person included in this application have any medical condition that requires, or may require,

one of the following during your stay in New Zealand?

• Renal dialysis Yes No

• Hospital care Yes No

• Residential care Yes No

Residential care is defined as in-patient care for people with psychiatric, sensory or intellectual disabilities

or live-in facilities for the aged.

\* Do you or **any person included in this application** have any diagnosis relating to Mental health issues or need ongoing specialist care or medication, such as for ADHD, Autism, learning disabilities, etc. Yes No

**E3**

If you have answered **Yes** to any of the questions, please provide details.

\* Are you or any person included in this application pregnant? Yes No

Not applicable as the applicant who is pregnant does not intend to give birth in NZ

**CHARACTER**

\* Have you ever been convicted in a criminal court for any offence? Yes No

If you answered **Yes**, please give a short description:

# ENGLISH LANGUAGE ABILITY

Delete which is not applicable

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | You |  | Your Spouse |  | Child 1 | Child 2 | Child 3 |
| Is English your mother tongue? | Yes | No | Yes | No |  |  |  |
| Do you hold a three-year Tertiary i.e. post compulsory schooling level qualification for which the medium of instruction was English? |  |  |  |  | N/A | N/A | N/A |
| Are you proficient in English | Yes | No | Yes | No |  |  |  |

# PARTNER’S DETAILS

|  |  |
| --- | --- |
| Family Name (Surname): |  |
| Given Names: |  |
| Male: Female |  |
| Email Address |  |
| Date of Birth: |  |
| Country **and city**of Birth: |  |
| All citizenships: List all countries of current citizenship |  |

**YOUR SPOUSE/PARTNER’S EDUCATION AND QUALIFICATIONS**

Please **list your highest qualification including language in which the qualification was issued:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qualification Type e.g. degree, diploma, apprenticeship, trade certificate (Please specify) | Institution where qualification gained, and language of studies | Year of Graduation | Full-time or Parttime | Start and completion dates |
|  |  |  |  |  |
|  |  |  |  |  |

# PARTNER WORK EXPERIENCE

If partner have a curriculum vitae/resume, please attach.

|  |  |  |
| --- | --- | --- |
| What is partners normal occupation **explain fully** | How many years’ experience in this occupation | Do you have letters from previous employers stating start and end dates? |
|  |  |  |

# PARTNERS CHARACTER

Have you ever been convicted in a criminal court for any offence? Yes No

If Yes, please give a short description:

**CHILDREN**

|  |  |  |  |
| --- | --- | --- | --- |
| Names | Age | | Main applicants own children or partners? |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| When are you intending to move to New Zealand? | |  | |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A LICENSED IMMIGRATION ADVISER WILL PROVIDE YOU WITH A WRITTEN REPORT ON YOUR ELIGIBILITY TO WORK AND LIVE IN NEW ZEALAND AS SOON AS POSSIBLE.

Please make payment to the following Bank / PayPal account and send proof of payment together with your completed assessment.

**SOUTH AFRICA Bank account details:NEDBANK**

**Amount: R900.00 Savings Account : JH Barnard**

**Reference.** Your surname **ACC. NO.: 2339600537**

**Branch Code: 133926: Pinetown**

**(OR Universal Branch Code: 198765)**

**OR PAYPAL Payments can be made to** [**info@greatlife.co.nz**](mailto:info@greatlife.co.nz) **through your PayPal**

**account.**

**THANK YOU FOR ENTRUSTING US WITH YOUR BUSINESS**

Jan Barnard

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