

## Free Assessment Questionnaire

Kia Ora, please take your time to go through all questions and try to answer them as best as possible, the information provided by you will be the basis of our free assessment. We will get back to you once we received and reviewed the questionnaire. Please send the completed form back to us by email (info@kiwi-immigration.co.nz) Fax (+64 9 8175 156) or mail (Kiwi Immigration Ltd., 18 Huia Rd, Titirangi, 0604 Auckland, New Zealand)

| First Name / Last name           |
|----------------------------------|
|                                  |
| Male / Female                    |
| Date of Birth (dd / mm / yyyy)   |
|                                  |
| Email Address                    |
|                                  |
| Country of Birth                 |
|                                  |
| All Countries of Citizenship     |
|                                  |
| Status in Country of Residence   |
|                                  |
| Street / Number                  |
|                                  |
| City /Postcode                   |
|                                  |
| Country                          |
|                                  |
| Phone Number (mobile / landline) |
|                                  |



| Do you have any health issues? If yes please specify  |
|---|
|   |
| Do you have any convictions or are you currently under investigation? If yes please specify         |
|   |
| How would you rate your level of english?   |
| Native Speaker Fluent Moderate Basic  |
| Are you currently in NZ   |
| ○ Yes ○ No  |
| What is your profession?  |
|   |
| How many years do you work in your profession?  |
|   |
| Do you have a formal qualification? if yes please name the qualification and university/institution |
|   |
| How many years of study and in which country did you study?   |
|   |
| Do you have a job offer in New Zealand? If yes please provide details                               |
|   |
| What is your current relationship status  |
| ○ Single ○ Married ○ Separated ○ Engaged  |
| Partner Widowed Divorced  |
| If in a relationship please give us your partners Name / Lastname                                   |
|   |



| Date of Birth   |
|---|
|   |
| Name your partners qualification / Universities / Institution                                     |
|   |
| How many years of study and in which country did your partner study?                              |
|   |
| Does your partner have any health issues? If yes please specify                                   |
|   |
| Does your partner have any convictions or is currently under investigation? If yes please specify |
|   |
| How would you rate your partners level of english?  |
| Native Speaker Fluent Moderate Basic  |
| In case you or your partner have children, please list their names and date of birth              |
|   |
| 2. Name and date of birth   |
|   |
| 3. Name and Date of Birth   |
|   |
| 4. Name and Date of Birth   |
|   |
| In case your children have any health issues please specify                                       |
|   |
| What are your plans for New Zealand (work, retire, study, invest)                                 |
|   |



| Have you been to New Zealand before? Yes No   |
|---|
| When / For how long?  |
|   |
| When are you planning / or want to arrive in New Zealand?                                 |
|   |
| Do you have any information, questions or commentsyou want to add to the free assessment? |
|   |
|   |
|   |
|   |
|   |
|   |

## Thank you...

for taking the time to fill out the free assessment questionnaire, we will get back to you as soon as possible and hope we are able to help you getting closer to your dream to come to New Zealand.

In case you have problems filling out the form, please get in contact with us and we will help you.

Your Kiwi Immigration Team