# INZ 1267 — Worker Expression of Interest form for Government Approved Defence Programmes

Each worker must express interest before they can be invited to apply. This form notifies their expression of interest, and must be completed by an employer or supporting agency.

1. Complete the form for all workers and their family members.
2. Upload the completed signed form as a PDF to the [Employer Request for Critical Worker Exception form](https://www.immigration.govt.nz/formshelp/employer-request-for-critical-worker). It must be less than 10MB.

**Note:** If you do not give us all of the information we need it will take longer to process your request.

## Worker details

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| Surname*as shown in passport* | First names *as shown in passport* | Date of birth*as shown in passport* | Gender | Country of birth | Citizenship/ Nationality*as shown in passport* | Is this worker an Australian permanent resident? | Passport number | Passport country of issue | Passport expiry date | Email address | Current address | Occupation | Military or civilian member of visiting force?  | Requires multiple entry visa? | Length of stay — including quarantine |
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List any family members of the worker in the table below.

## Partner and dependent children details

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| Surname*as shown in passport* | First names *as shown in passport* | Date of birth*as shown in passport* | Gender | Country of birth | Citizenship/ Nationality*as shown in passport* | Is this person an Australian permanent resident? | Passport number | Passport country of issue | Passport expiry date | Military or civilian?  | Multiple or single entry | Length of stay — including quarantine | Partner or parent name | Relationship to this person — partner or parent |
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## Declaration by employer or supporting agency

I confirm that the workers included in the Worker Expression of Interest form have authorised me to notify their expression of interest in applying for a visa on their behalf. I confirm that to the best of my knowledge, all information provided about the critical workers and their family members is true and correct.

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| Signature of employer or supporting agency: |  |
| Name of employer or supporting agency: |  |
| Date: |  |