

September 2021

INZ 1269



Application from an Onshore RSE Worker

Application for a limited visa

Important information

This form is only to be used to apply for a limited visa to work for a recognised seasonal employer that has offered you temporary seasonal work in the horticulture or viticulture industries.

This form may be used to apply for an RSE limited visa.

I am applying for a further limited visa from New Zealand.

*Tick this box if you are in New Zealand, currently hold an RSE limited visa, and are applying for a further RSE limited visa. **Note:** if you are in New Zealand and applying for a further RSE limited visa, you need to allow sufficient time for a decision to be made on your application before your current visa expires. If your visa does expire, your application for a further visa does not make your stay in New Zealand lawful or give you the right to remain in New Zealand while your application is being considered.*

If you are in New Zealand on an RSE limited visa, any application you submit for any other temporary or residence class visa (except for another RSE visa) will be declined.

You must include with this form all the following documents.

- A certified copy of your passport or travel document (which must be valid for at least three months past the date you plan to leave New Zealand).
- A completed *Chest X-ray Certificate (INZ 1096)* (if required).
- A completed *RSE Instructions Supplementary Medical Certificate (HIV Test Form) (INZ 1143)* (if required).
- Provide evidence of either holding or being approved to hold acceptable medical insurance such as an insurance certificate or letter of approval from an insurance company.
- You must provide a **copy** of an employment agreement between yourself and a New Zealand RSE employer that has an agreement to recruit overseas workers.

Section A Applicant's personal details

All applicants must complete this section.

A1 Name as shown in passport

Family/last name

Given/first name(s)

A2 Gender Male Female

A3 Date of birth

A4 Town/city of birth

Country of birth

A5 Passport details

Number Country

Expiry date

A6 Country of citizenship

Section B Contact details

All applicants must complete this section.

B1 Your NZ residential address

Address

Telephone (daytime) Telephone (evening)

Email

B2 Name and address for communication about this application

Same as address at **B1**, or as below

Family/last name Given/first name(s)

Company name (if applicable) and address

New Zealand Business Number (if applicable) For help search: www.nzbn.govt.nz

Telephone (daytime) Telephone (evening)

Email

B3 Do you authorise the person stated at **B2** to act on your behalf? Yes No

B4 Have you received immigration advice on this application?

i You can find a definition of immigration advice at www.immigration.govt.nz/advice.

Yes Make sure that your immigration adviser completes Section G: Immigration adviser's details.

No

Section C RSE employment details

C1 Provide the contact details of the recognised seasonal employer (RSE) who has offered you employment in New Zealand and your Employment Period number.

RSE's name and address

RSE's telephone (daytime) RSE's telephone (evening)

Fax Email

Employment Period number

C2 Provide the following details about your offer of employment.

Position offered (planting/ maintaining/harvesting/packing)	Date of entry to New Zealand	Date of start of work	Date of finish of work	Date of departure from New Zealand
	/ /	/ /	/ /	/ /
	/ /	/ /	/ /	/ /

C3 If you have an offer of employment from two or more RSEs, for two or more consecutive periods of employment, provide details of these job offers in the table below.

RSE's name	Employment Period Number	Position offered (planting/maintaining/ harvesting/packing)	Date of start of work	Date of finish of work
			/ /	/ /
			/ /	/ /
			/ /	/ /
			/ /	/ /
			/ /	/ /

C4 Tick the box that applies to you:

I have attached my insurance certificate as evidence that I hold acceptable medical insurance.

I have attached a letter of approval from an insurance company as evidence of being approved to hold acceptable medical insurance.

Section D Character details

D1 Have you been:

- convicted Yes No
- charged Yes No
- under investigation Yes No

for any offence(s) against the law in any country?; or

- deported from Yes No
- excluded (refused entry) from Yes No
- refused a visa by Yes No
- removed from Yes No

any country, excluding New Zealand?

If you have answered **Yes** to any of the questions in **D1**, provide details below. Continue on a separate piece of paper if necessary.

Section E Health details

All applicants must complete this section.

E1 Do you have tuberculosis (TB)? Yes No

E2 Are you HIV positive? Yes No

E3 Do you have any medical condition(s) 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

If you have answered **Yes** to any of the above questions, provide further details such as what your medical condition is and how long you have had the medical condition.

E4 Have you submitted a chest X-ray certificate with another Immigration New Zealand application in the last 36 months?

Yes Go to **E5**

No You are required to provide a new Chest X-ray Certificate (INZ 1096) regardless of your intended length of stay in New Zealand.
Go to **E7**

* Residential care is long-term care provided in live-in facilities for the aged or for people with physical, sensory, intellectual, or psychiatric disabilities.

E5 Have you spent six consecutive months in a country that is not on the list of low incidence TB countries since your previous application?

Yes You are required to provide a new Chest X-ray Certificate (INZ 1096) regardless of your intended length of stay in New Zealand.

Go to **E6**

No You are not required to provide a new Chest X-ray Certificate (INZ 1096). Go to **E7**

E6 Have you provided a completed Chest X-ray Certificate (INZ 1096)? Yes No

E7 Are you a citizen of or normally resident in, a country that is on the list of countries with high risk factors for HIV/AIDS?

Yes You are required to provide an RSE Instructions Supplementary Medical Certificate (HIV Test Form) unless you have provided one to Immigration New Zealand in the last 36 months.

No

E8 Have you provided a completed RSE Scheme Supplementary Medical Certificate (HIV Test Form)?

Yes No

E9 Are you pregnant?

Yes No

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

Section F Declaration by applicant

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

I will inform Immigration New Zealand of any relevant fact or change of circumstances that may (i) affect the decision on my application for a visa, or (ii) affect the decision to grant entry permission based on the visa for which I am applying.

I understand I am responsible for making sure I leave New Zealand before my visa expires and that if I do not I will be liable for deportation.

I understand that while in New Zealand, any application I submit for a temporary or residence class visa (other than under RSE Limited Entry Instructions) will be declined.

I understand that Immigration New Zealand may provide information about my entitlement to work to potential employers via the online VisaView system. VisaView is authorised by legislation.

Residents and people holding work visas for a stay of two years or more (and their dependent children) are eligible for publicly-funded health and disability services. Other work or limited visa holders, students, and visitor visa holders generally are not eligible. 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 INZ 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 INZ. I authorise any insurance provider to provide information about my insurance cover to INZ.

I authorise INZ 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 INZ.

I understand that if I have received immigration advice from an immigration adviser and if that immigration adviser is not licensed under the Immigration Advisers Licensing Act 2007 when they should be, INZ will return my application.

I understand that if granted a limited visa to work in New Zealand for a recognised seasonal employer, I am only able to work for the employer and in the position that is noted on my limited visa label.

I understand that any breach of my limited visa conditions will result in me becoming liable for deportation and I will be deported from New Zealand.

Signature of applicant Date

Immigration Advisers Licensing Act 2007

Under the Immigration Advisers Licensing Act 2007 it is an offence to provide immigration advice without being licensed or exempt.

If your immigration adviser is not licensed when they should be, Immigration New Zealand (INZ) will return your application.

For more information and to view the register of licensed advisers, go to the Immigration Advisers Authority website www.iaa.govt.nz or email info@iaa.govt.nz.

Lawyers provide immigration advice and are exempt from licensing under the Immigration Advisers Licensing Act 2007. For more information and to view the register of immigration lawyers, go to the New Zealand Law Society website www.lawsociety.org.nz.

When filling in this form, please write clearly using CAPITAL LETTERS.

About the information you provide

Immigration New Zealand collects the information about you on this form to determine your application for a limited visa to work for a Recognised Seasonal Employer. We may also use the information to contact you for research purposes or to advise you on immigration matters.

Collecting the information is authorised by the Immigration Act 2009 and the Immigration Regulations made under that Act. You do not have to provide the information, but if you do not we are likely to decline your application.

Deciding whether you are eligible to board a flight to New Zealand

The information we collect may also be used to determine whether you are allowed to board a flight to New Zealand. We will not share your personal information with airline check-in agents; however, we will send a boarding message to the airline check-in agent based on the information you have provided in this form.

Immigration New Zealand may also share the information you have provided with other government agencies that are entitled to it by law, or with other agencies (as you have agreed in the declaration).

You are able to ask for the information we hold about you and have any of it corrected if you think it is necessary.

The address of Immigration New Zealand is PO Box 1473, Wellington 6140, New Zealand.

Do not send your application to this address.

For more information

If you have questions about completing the form:

- see our website www.immigration.govt.nz/contactus
- telephone our call centre on 0508 558 855 (within New Zealand).

Section I

Paying your application fee and immigration levy

To find out how much to pay, payment methods, where to send your application, and how long a decision may take, see www.immigration.govt.nz/fees.

Your application fee and immigration levy

Amount you are paying:

Amount

Currency

(e.g. NZD, USD, RMB)

Application number

(office use only)

Credit/debit card details

Mastercard

Visa

Name of cardholder

Card number

CVC/CVV number

Note: Your CVC/CVV number is the three-digit number found on the signature strip on the back of your credit/debit card.

Expiry date

Signature of cardholder

Date



When filling in this form, please write clearly using CAPITAL LETTERS.

New Zealand Government