INZ 1264 April 2021



Employer Supplementary Form for Family of Highly Skilled Temporary Workers in New Zealand

About this form

This form is only needed for Requests to Travel to New Zealand that are submitted under the travel reason of 'Partner or dependent child of a highly skilled temporary worker in New Zealand' – if you are applying under a different category, this form is not required.

This form must be completed by the employer of the temporary visa holder (i.e. the highly-skilled worker) in New Zealand. It will then be submitted by the family member who is outside New Zealand and is requesting to travel to New Zealand on the basis of being the partner or dependent child of a highly skilled worker in New Zealand.

If the partner's or dependent child's Request to Travel to New Zealand is approved, they will be invited to apply for a visa.

Information for employers

This form must be completed and signed by a person who has authority to make representations on the employer's behalf. Please answer all questions. If any question does not apply please answer "N/A" for "not applicable".

Providing this form to Immigration New Zealand does not guarantee that the Request for Travel to New Zealand submitted by the family member of your temporary worker will be approved.

You can find more details on our website here: Reasons you can travel to New Zealand (immigration.govt.nz/reasons-you-can-travel)

VisaView

VisaView is an online service provided by Immigration New Zealand that allows registered New Zealand employers to verify that prospective and current employees are entitled to work in New Zealand. It can be used to verify whether a non-New Zealand citizen holds a valid visa, the conditions of the visa, and the date of expiry. The sharing of information through VisaView is authorised by legislation.

If you have any questions about VisaView, refer to our website: immigration.govt.nz/visaview, or you can email or call us on:

- (09) 969 1458 from within the Auckland toll-free calling area
- (04) 910 9916 from Wellington
- 0508 967 569 from the rest of New Zealand
- Email visaview@mbie.govt.nz

About the information employers provide

The information you provide about your temporary visa holder (i.e. your employee) and the role that they are employed in will be used by Immigration New Zealand to determine whether they are eligible to bring their family to New Zealand as an exception to the COVID-19 related border restrictions.

Collecting this information is authorised by the Immigration Act 2009 and the Immigration Regulations made under that Act. You do not have to provide this information but if you do not your temporary worker's family member may be unable to demonstrate how they meet the criteria with their Request to Travel to New Zealand.

Our privacy statement can be found here: immigration.govt.nz/privacy-statement

For more information

If you have questions about completing this form:

- See our website: immigration.govt.nz
- Telephone our call centre on 0508 55 88 55 (within New Zealand).



Section A New Zealand Employer Details				
A 1	Organisation's legal name			
A2	Business name			
A3	New Zealand Business Number (if applicable) For help search: nzbn.govt.nz			
A4	4 Provide a brief summary of the work your business or agency does			
A5	Business street address			
	Town or city Postcode			
A6	Full name of contact person			
A7	Job title or position of contact person			
A8	Email address of contact person			
A9	Phone number of contact person			
Se	ction B Details of the temporary visa holder you employ in New Zealand (your employee)			
B1	Full name			
B2	Date of birth DIDJEMIMICYIYIY			
В3	Citizenship/nationality as shown in passport			
B4	Passport number			
B5	Job title or position			
В6	Date of employment DIDIEMINICAL PROPERTY OF THE PROPERTY OF TH			

Section C Work criteria Which of these situations best describes the employment of your employee (the temporary visa holder)? Only tick one option. You should provide full and further details below. EITHER your employee is essential for the delivery or execution of one of the following: (refer to the lists of approved projects, events, agreements and programmes at immigration.govt.nz/approved-events-projects-programmes) an approved major infrastructure project a government-approved event an approved government-to-government agreement a major government-approved programme Name of project/event/agreement/programme: **OR** your employee has: unique and technical or specialist skills not readily obtainable in New Zealand a role essential for the delivery or execution of work with significant wider benefit to the national or regional economy a role essential for the completion or continuation of a science programme under a government funded or partially government funded contract Name of science programme, name of fund, and contract ID: Provide full and further details here:

C2	Make sure you explain the The name of your emplo The nature of their work Why it is critical that you What their particular sk What the significant wich Why their skills would n	ır employee fills this role or fulfils this work
C3	ls the salary of your ϵ	mployee at least NZD\$106,080 per annum?
C4		week does your employee work for you? If your employee works more than 40 hours per week, ed on the basis of a 40 hour week.
Se	ction D Employe	e Declaration
		to my information in this form being provided to my partner or dependent children. St of my knowledge, the information provided in this form is true and correct.
Sign	ature of employee	
Name of employee		
Date		DIDJ[MIMJ[YIYIY]
Se	ction E Employe	r Declaration
pro to	ovide to Immigration I New Zealand under a onfirm that, to the be	ployee to share the information in this form with their partner or dependent child to New Zealand solely for the purposes of their partner's or dependent child's request to travel border exception, and to the extent necessary to make a decision on their request. It of my knowledge, the information provided about my employee is accurate. It is gration New Zealand may contact me for further information.
Sign	ature of employer	
Nam	e of employer	
Date		DIDIMIMITATA

New Zealand Government