February 2023 INZ 1377



# Recovery Visa - Employer Supplementary Form

for the purpose of travelling to New Zealand and supporting the recovery from a 2023 extreme weather event.

## Information for employers

This form must be completed and signed by a person who has authority to make representations and enter into agreements on the employer's behalf. Please answer all questions. If any question does not apply please answer "N/A" for "not applicable". Complete this form if you have offered a position to a person who is applying for a specific purpose work visa to assist with New Zealand's recovery from the January and February 2023 extreme weather events and you are:

- a New Zealand employer who has offered a job to a worker: or
- a New Zealand employer who is contracting or seconding workers.

This form is not required for any other work visa category.

Providing this information will help us to process the application, however we may need to contact you for more information.

#### **Next steps**

Once you complete this form, you should provide it to the person you have offered a position to. They will need to submit it with their *Work Visa Application (INZ 1015)* form, or upload it as an attachment with their online application.

The applicant will need to specify the length of time they will be in New Zealand for as 6 months or less.

We will then assess the application and inform them of the outcome.

#### Work entitlement

It is an offence under the Immigration Act 2009 to employ a person who is not entitled to work in New Zealand. One way for employers to avoid committing this offence is to check a person's entitlement to work through Immigration New Zealand's online VisaView system. For more information or to register please visit www.immigration.govt.nz/visaview. Disclosure of information through VisaView is authorised by legislation.

#### About the information you provide

Immigration New Zealand collects the information about you on this form to determine your request to recruit overseas workers. We may also use the information to contact you for research purposes or to advise you on immigration matters. The address of Immigration New Zealand is PO Box 1473, Wellington 6140, New Zealand. Do not send your application to this address.

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.

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 have the right to access the information we hold about you and have any of it corrected if you think it is necessary.

### For more information

If you have questions about completing this form:

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



| Se         | ction A Emp  | loyer details |                  |                        |               |                            |                  |  |
|------------|--|---------------|------------------|------------------------|---------------|----------------------------|------------------|--|
| <b>A</b> 1 | Full name of person completing this form.  |               |                  |                        |               |                            |                  |  |
| A2         | Position or title of person completing this form.  |               |                  |                        |               |                            |                  |  |
| А3         | Business name (if applicable) and physical and postal addresses.   |               |                  |                        |               |                            |                  |  |
| A4         | New Zealand Business Number For help search: www.nzbn.govt.nz  |               |                  |                        |               |                            |                  |  |
| <b>A</b> 5 | Telephone (prefe   | erred)        |                  | Teleph                 | one (evening) |                            |                  |  |
| A6         | Email  |               |                  |                        |               |                            |                  |  |
| Se         | ction B Posi   | tion details  |                  |                        |               |                            |                  |  |
| <b>B</b> 1 | Provide the name of the person to whom you have offered a position to, and details of the position in the table below. |               |                  |                        |               |                            |                  |  |
|            | Surname  | First name    | Position offered | Rate of pay<br>offered | ANZSCO code   | Duration of job<br>offered | Location of work |  |
|            |  |               |                  |                        |               |                            |                  |  |
| B2         | How does this work support New Zealand's recovery from the extreme weather events of January and February 2023?        |               |                  |                        |               |                            |                  |  |
|            |  |               |                  |                        |               |                            |                  |  |
|            |  |               |                  |                        |               |                            |                  |  |
|            |  |               |                  |                        |               |                            |                  |  |
|            |  |               |                  |                        |               |                            |                  |  |

# Section C Employer declaration

This section must be read and signed by a person who has authority to make representations and enter into agreements on the employer's behalf.

I understand the notes and questions in this form and I declare that the information given about my business is true and correct.

I confirm that the person named in the table at section B is being recruited for the purpose of supporting New Zealand's recovery from the extreme weather events of January and February 2023 (including Cyclone Gabrielle).

I confirm that this form is being submitted for the purposes of providing evidence in support of this person's application for a visa, and that they are suitably qualified for the role.

I understand that further information relating to business records, sets of accounts, financial statements and other records deemed necessary may be requested.

I understand that if I make any false statements, or provide any false or misleading information, or have changed or altered this form in any way, that I may be committing an offence under sections 342 and 348 of the Immigration Act 2009 and may be liable to prosecution.

I agree to inform Immigration New Zealand about any relevant changes to the circumstances of my business that occur after I lodge this form that may impact on current or prospective applicant's employment.

I authorise Immigration New Zealand to:

- seek information concerning my compliance with New Zealand's immigration and employment laws from any records held by the Ministry of Business, Innovation and Employment
- make any enquiries it deems necessary in respect of the documents or information provided in respect of this form
- share information provided about me or my business with other government agencies (including overseas agencies) to the extent necessary to make decisions.

| Signature |                       | Date | DIDIMIMIYIYIY |
|-----------|-----------------------|------|---------------|
| Name      | Job title or position |      |               |

