



## INTERNATIONAL AGRI-FOOD WORK VISA OPPORTUNITIES

### PRE-REGISTRATION & ELIGIBILITY ASSESSMENT FORM

#### INTRODUCTION

Welcome to the AgriSkills International NZ Pre-Registration & Eligibility Assessment Portal.

This assessment is designed to evaluate your suitability for international agricultural sector employment opportunities such in farming, food processing, livestock production, horticulture, forestry, fishery, and logistics, for the following countries : New Zealand, Australia, Armenia, United Kingdom, Canada, United States, Belgium, Norway, Luxembourg, Hungary, Greece, Romania, Bulgaria, Italy, Spain, Belarus, Germany, France, Denmark, Sweden, Finland, Poland, Portugal, Netherlands, Russian Federation, Moldova, South Korea, Japan, Israel, Ukraine, Serbia, Montenegro, Czech Republic, Macedonia, Estonia, Latvia and Lithuania.

Please note that completion of this form does not constitute a job offer, visa approval, employment contract, or immigration approval. All applications will undergo eligibility screening based on age, qualifications, work experience, mobility, health suitability, documentation, and labour market demand. Please ensure all information provided is accurate.

***Complete all sections clearly and submit by WhatsApp preferably or Email.***

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**Email: [group.manager.ai.nz@gmail.com](mailto:group.manager.ai.nz@gmail.com) / [info@agriskillsinternational.com](mailto:info@agriskillsinternational.com)**

*You can also access the WhatsApp by scanning the QR code below.*



## SECTION 1 APPLICANT DETAILS

Family Name (as per passport):
Given Names:
Date of Birth:
Age:
Gender:
Nationality:
Country & City of Residence:
Marital Status:

### If Married, Provide Partner Information

Family Name:
Given Names:
Gender:
Date of Birth:
Nationality:
Country of Current Residence:

## Dependents Information

**Number of Dependents:** \_\_\_\_\_

### CHILD 1

Family Name:
Given Names:
Gender:
Date of Birth:
Country of Birth:
Country of Current Residence:

### CHILD 2

Family Name:
Given Names:
Gender:
Date of Birth:
Country of Birth:
Country of Current Residence:

### CHILD 3

Family Name:
Given Names:
Gender:
Date of Birth:
Country of Birth:
Country of Current Residence:

### Additional Dependents Information

If you have more than three (3) children or dependents, please attach additional information separately.

### SECTION 2

#### CONTACT DETAILS

Phone Number (WhatsApp):
Email Address:
Current Residential Address:
Emergency Contact Number:

### SECTION 3

#### PASSPORT & INTERNATIONAL TRAVEL STATUS

Passport Number:
Country of Issue:
Issue Date:
Expiry Date:

#### International Travel History

Have you ever travelled outside your country of nationality?

Yes

No

If YES:

Please list countries previously visited:

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#### Visa Refusal History

Have you ever been refused a visa, permit, or immigration application?

Yes

No

If YES:

Please provide complete details honestly and accurately:

Countries and application year

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## SECTION 4

### EDUCATION & LANGUAGE SKILLS

Highest Level of Education Completed: \_\_\_\_\_

Field of Study / Specialization:

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Professional Qualifications or Certifications:

Can you read and write basic English?

Yes

No

### English Proficiency Level:

Beginner

Intermediate

Advanced

### Additional Languages Spoken

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## SECTION 5

### WORK EXPERIENCE & AGRICULTURAL BACKGROUND

Current Employment Status. Please tick the correct answer.

Employed

Self-Employed

Unemployed

Seasonal Worker

Student

## Agricultural & Practical Experience

Do you have previous agricultural or farm-related experience?

Yes

No

If YES:

### Type of experience (Tick all applicable)

Crop Farming

Fruit Picking

Vegetable Farming

Dairy Farming

Fish Farming / Aquaculture

Livestock Farming (Cattle / Sheep / Poultry)

Greenhouse Operations

Agricultural Machinery Operation

Forklift Operation

Food Processing

Meat Processing

Warehouse Operations

Forestry Work

Construction / Manual Labour

Other (Specify): \_\_\_\_\_

**Years of Experience :** \_\_\_\_\_

## **SECTION 6**

### **PHYSICAL FITNESS & MEDICAL CONDITION**

Are you physically capable and comfortable performing demanding agricultural or manual work outdoors, in cold environments, in hot environments, on farms, in physically intensive workplaces?

Yes

No

#### **Medical Information**

Do you have any medical condition that may affect your ability to work in physically demanding environments?

Yes

No

If YES, please specify:

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## **SECTION 7**

### **AVAILABILITY, RELOCATION & MOBILITY**

Are you willing to relocate internationally based on labour demand and eligibility recommendations?

Yes

No

#### **Preferred Destination Countries**

(Select maximum three)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## SECTION 8

### DOCUMENTS CHECKLIST

Please attach clear scanned copies of the following documents:

- |   |                          |
|---|--------------------------|
| Valid Passport Copy                                 | <input type="checkbox"/> |
| Passport-Sized Photograph                           | <input type="checkbox"/> |
| CV / Resume   | <input type="checkbox"/> |
| Highest Educational Certificate (if available)      | <input type="checkbox"/> |
| Police Clearance Certificate <b>(mandatory)</b>     | <input type="checkbox"/> |
| Vaccination Card / Health Record <b>(mandatory)</b> | <input type="checkbox"/> |

## SECTION 9

### PRIVACY CONSENT

#### Data Protection & Privacy Statement

AgriSkills International NZ collects and processes personal information solely for recruitment, employment assessment, visa pre-screening, labour mobility programs, and related administrative purposes. Information may be shared with licensed employers, recruitment partners, training providers, immigration advisers, government agencies, and authorised service providers where necessary

Your information will be stored securely and processed in accordance with applicable privacy and data protection laws.

I have read and understood the Privacy Statement and consent to the collection, storage, and processing of my information.

## SECTION 10

### APPLICANT DECLARATION

I hereby confirm that all information provided in this form is true, complete, and accurate to the best of my knowledge.

I understand that providing false or misleading information may result in rejection of my application.

Applicant Full Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_