Manawatu Reuniting Refugee Families Trust Application Form

1. Applicant’s full name:

…………………………………………………………………………………………..

(Given Name/s) Family Name/Surname

Name used when entering New Zealand (if different)

………………………………………………………………………………………………

2 Gender: Female Male

3. Date of Birth

4. Country of Birth

5. Are you a New Zealand Citizen? Yes No

6. Are you a New Zealand Residence Class Visa Holder?

 Yes (what date were you first granted residence in New Zealand?) D..M..Y

No

7. Applicant’s contact details:

7.1 Address:

7.2 Telephone Landline

 Mobile

 Email

7.3 Name and address for communication about this registration application:

Option 1. Same as 7.1 ……………………………………………………………………………………

Option 2. Different from 7.1

Name

Address

Telephone (landline) Mobile

Email

7.4 Where were you first resettled? (Please circle)

Auckland Waikato Manawatu Wellington Nelson

Christchurch Other

8. Details of applicant’s family

8.1 Details of applicant’s family in New Zealand.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Family name | Given names | Date of Birth | Relationship to you | New Zealand immigration status (work visa holder, resident) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

8.2 Details of family members for whom you are applying for residence in New Zealand

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Family name | Given names | Date of Birth | Relationship to you | New Zealand immigration status (work visa holder, resident) |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

9. State reasons for application, including any humanitarian circumstances which those you wish to bring to New Zealand are coping with, such as torture or trauma, serious physical or emotional problems, or anything else:

10. Have you always been safe from physical or emotional harm when in the company of the people you are trying to bring into New Zealand?

11. Please list attached supporting information (eg medical report, psychiatric report etc)

12.1. Are there any additional medical expenses needed for the care of the person/s you are trying to bring into New Zealand?

If yes, please describe:

12.2. Is there any other financial support available to you from other sources to help bring your family member(s) to New Zealand?

If yes, what are they?

13. Please tell us in your own words how bringing the person(s) named in this application will have a positive impact on your life:

14. Has your immigration application (Tier I or Tier II) been approved by New Zealand Immigration?

O Yes O No

15. Finances

15.1 Financial situation of Applicant:

Are you working?

 O Yes O No

If yes,

O Part time or O Full time?

Where are you working?

15.2 Please indicate which of the following you are applying for and the amount of money it costs: (tick the boxes which apply)

You will need to give details of the costs involved for medical reports for airfares and for housing.

|  |  |
| --- | --- |
| Application fees charged by Immigration New Zealand | $ |
| The cost of medical reports required by Immigration New Zealand | $ |
| The fee to lodge an appeal with the Immigration and Protection Tribunal | $ |
| The cost of airfares to bring approved family member(s) to New Zealand | $ |
| Any other related expenses incl housing (please detail )  | $ |

15.3 How much money have you saved to pay towards these costs?

$..................................................

(Please attach supporting documentation eg a bank statement.)

15.4 Will you be able to repay some or all of the money made available by the Trust, should your application be successful?

O Yes O No

If yes, Estimate how much can you pay back? $.....................................

15.5 How are you able to pay back?

O Weekly O Monthly O One-off

16.1 Name(s) of referee(s) with whom you consent to Trustees discussing the details of your case, if necessary. (eg. Someone familiar with your circumstances such as a lawyer, Red Cross staff, home tutor etc.)

|  |  |  |
| --- | --- | --- |
| Name | Address | Contact details (phone, mobile, email) |
|  |  |  |
|  |  |  |
|  |  |  |

Please let us know if there is any information you have provided in this form which you do not wish the Trustees to discuss with your referee(s).

16.2 Do you consent to the trustees seeking further relevant information about the circumstances of your case from your referee(s)?

O Yes O No

By signing this application form you agree that the decisions of the Trustees are final.

16.3 Please advise the name and position of any support person who assisted with completing this application (i.e. Interpreter or counsellor etc)

17. Signature of applicant

 Name of applicant

Date of Application

17.1 Applicant support person signature

 Application support person name

17.2 If any information is falsified and materially affects our granting of assistance, the applicant agrees to repay in full any funds requested by the MRFFT.     Initial here: …………

Privacy Act

This information is being collected from you to enable the Manawatu Reuniting Refugee Families Trust (MRRFT) to assess the merits of your application for funding assistance. The information in this application form is confidential and the Trust will not disclose your information to anyone other than the referee(s) to discuss your situation. This form and supporting information will be held in a locked cabinet in the MRRFT registered address, which is 17 Mere Mere Avenue, Palmerston North.

18. Decision of the Trust

18.1 Payment options:

Payment in full $.......................

Payment in part $....................

Information still needing to be supplied or completed …………………….

Decision of the Trustees:

Application has been approved O in full O in part

Application has been declined

Other