

BUNAC Work New Zealand



Program Application Form

INSTRUCTIONS

It is very important that you have a thorough understanding of the program you are applying for. Please see the main website at www.bunac.org for full program details including eligibility requirements. You can also request a brochure online or obtain a copy from your campus Careers/Study Abroad office.

FLIGHTS

BUNAC has set up a special two year validity air ticket with Air New Zealand for *Work New Zealand* participants. Details are provided on application, or call 1-800-462-8622 for further information.

Participants have the flexibility of choosing their own flight routes and dates of arrival. However, it is a program condition that you arrive in Auckland for the compulsory orientation.

PROGRAM CANCELLATION CONDITIONS

When you sign the application form, you are agreeing to the published program conditions including cancellation terms. For ease of reference, these are summarized below – please read them carefully.

If you have any questions at all, please call us toll-free during regular office hours (East Coast time) at 1-800-GO-BUNAC.

N.B. In all cases, a cancellation must be received in writing and is only effective from the date we receive it. Remember also that separate cancellation fees and conditions will undoubtedly apply to any flight bookings you make.

If you cancel from the program before we receive your Step 2 visa application, there will be a cancellation fee of \$200. If you cancel after you have submitted your Step 2 application but before we have submitted your passport to the New Zealand Embassy, \$430 is forfeit. Once the visa is issued, there is no refund of any program fee or insurance premium.

In the extremely rare event that the Embassy denies you a visa, you forfeit \$200 of the program fee. However, if the visa is denied for reasons which you had not previously declared to BUNAC, you forfeit \$430. In either case of visa denial, the insurance premium is fully refundable.

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I. Personal Details (PLEASE PRINT CLEARLY)

Last Name (as in passport): _____ First Name: _____

Middle Name(s) _____ Mr/Ms/Mrs (please circle) Birth date: Month _____ day _____ year _____

I am a US citizen: Yes No Do you hold any other citizenship? Yes No If 'Yes', which country? _____
(If 'No' you are not eligible for this program.)

US Mailing Address: Street: _____ Town/City: _____ State: _____ Zip: _____
(where documents can be sent before you depart for Australia)

Telephone: _____ Cell #: _____

Date you will leave above address: Month _____ day _____ year _____ Email address: _____
(we will email your Step 2 materials to this address.)

Emergency Contact: _____ Telephone: _____

Emergency contact address: Street: _____ Town/City: _____ State: _____ Zip: _____
(if different from above)

How did you hear about the BUNAC *Work New Zealand* program? _____

Do you currently hold a valid US passport with at least 3 blank pages (excluding amendment pages)? Yes No (If 'No' please call BUNAC for advice).

If 'Yes', what date does your passport expire? Month _____ day _____ year _____ Passport #: _____
(Passport must be valid for at least six months after the date you plan to leave New Zealand.)

2. Travel Information

Expected date of departure from the US: Month _____ day _____ year _____

Are you traveling directly to New Zealand (no stopovers): Yes No

Expected date of arrival in New Zealand: Month _____ day _____ year _____ How long do you plan to stay in New Zealand? _____ months.

Please provide the names of anyone traveling with you on the program: _____

3. Additional Requirements: Any pending criminal charges may delay the processing of your visa. The New Zealand embassy has the right to deny you a visa.

Have you ever been denied a visa or refused entry to any country? Yes No

Have you ever overstayed a visa or been deported from any country? Yes No

Have you ever been charged or convicted, or are you under criminal investigation for offenses against the law in any country? Yes No

Have you served in the military? Yes No

Do you have any ongoing medical conditions? Yes No

Have you ever been to NZ previously on a work visa? Yes No

If you answer 'Yes' to any of the above questions please attach a separate sheet with explanation.

Declaration: I have read and understand all the program rules, guidelines and eligibility requirements as set out in the BUNAC Work Abroad brochure or on the website at: www.bunac.org and understand and agree that BUNAC reserves the right to reject an application at any stage. To the best of my knowledge, I am eligible for my chosen program. I enclose a money order or cashier's check in the correct amount for the program fee. I further declare that all of my statements on this form are true and I recognize that any false declaration on my part, or submission of documents which I know to be inaccurate, may result in the forfeiture of my place on the program with no refund of my fee or of any consequential expenditure. I also agree to abide by the program insurance requirements, to take with me the requisite amount of personal funds and to have immediate access to more funds as stipulated under the program conditions. I agree to attend an orientation on arrival and to abide by all program rules including those written in the brochure and in the program materials provided in the USA and by my host organization on arrival. In addition, I know of no reason why I would be refused a visa for the country I am going to on the BUNAC program.

Signature of applicant: _____ Date: _____

BUNAC reserves the right to reject, at any stage, any application which is not deemed to be in the best interests of the program. Such a decision is at BUNAC's absolute discretion.

4. Program Reference

To be completed by a recent employer or current college instructor or counselor who has known you for at least six months (cannot be a family member).

Name of applicant for BUNAC program: _____

How long have you known the applicant? _____ In what capacity? _____

General comments: _____

Please evaluate the applicant as to: Ability to accept supervision: excellent good fair poor

Ability to get on with others: excellent good fair poor

Ability to adapt to new situations: excellent good fair poor

Would you recommend this person as a suitable participant on an international exchange program? Yes No

Please explain: _____

Referee's details: Name: _____ Mr/Ms: _____

Telephone: _____ Job title: _____

Institution/company: _____ Email address: _____

Address: _____

Referee's signature: _____ Date: _____

5. Work in New Zealand Application Checklist

Please send:

- Completed program application
- Completed reference
- A money order or cashier's check made payable to BUNAC USA in the amount of \$530. No personal checks please
- I already have my Working Holiday Visa, enclosed is my program fee of \$430 for the BUNAC/IEP arrivals package.

Your Step 2 materials and deadline information will be emailed to you after we've received your initial application.

**Please sign and send your program application to:
Work New Zealand, BUNAC, PO Box 430, Southbury CT 06488**

**If you are using courier or overnight mail, send to:
Work New Zealand, BUNAC, 88 Main Street South, Suite A101, Southbury CT 06488
Telephone: 1-800-462-8622 Fax: (203) 264-0251**



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