



Ref. no.



# EVALUATION WORKSHEET

How did you hear about WBC?  Which countries do you wish to be assessed for:  N. Zealand  Other

Specify

## Section 1 - Personal Details

	Family name	First name	Middle name(s)
Name of principal applicant <small>Mr./Mrs./Ms./Dr.</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of spouse / partner <small>Mr./Mrs./Ms./Dr.</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>(please provide further information about your spouse / partner on reverse)</small>			
Home address	<input type="text"/>		
Post code	<input type="text"/>	Birthplace	<input type="text"/>
Home telephone number	<input type="text"/>	Birthplace (parents)	<input type="text"/>
Mobile telephone number	<input type="text"/>	Marital status	<input type="text"/>
Work telephone number <small>(in confidence)</small>	<input type="text"/>	Date of birth	<input type="text" value="dd / mm / yyyy"/>
Facsimile number	<input type="text"/>	Age	<input type="text"/>
This fax no. available to use all time, Day / Night?	<input type="checkbox"/> yes <input type="checkbox"/> no	Height	<input type="text"/>
Which passports do you hold?	<input type="text"/>	Weight	<input type="text"/>
E-mail address(es)	<input type="text"/>		

## Section 2 - Children

Name	Date of birth	Live at home?	Working?	Student?	Emigrating with you?
<input type="text"/>	<input type="text" value="dd / mm / yyyy"/>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="text"/>	<input type="text" value="dd / mm / yyyy"/>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="text"/>	<input type="text" value="dd / mm / yyyy"/>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

## Section 3 - Education / Formal Qualifications

What age did you **start** primary (infants) school?  years old    What age did you **finish** secondary (high) school?  years old

	month/year	pt/full time	Subject	Name of institution	Qualification
Apprenticeship	start <input style="width: 100px;" type="text" value=" / "/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	finish <input style="width: 100px;" type="text" value=" / "/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diploma or College course	start <input style="width: 100px;" type="text" value=" / "/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	finish <input style="width: 100px;" type="text" value=" / "/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree	start <input style="width: 100px;" type="text" value=" / "/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	finish <input style="width: 100px;" type="text" value=" / "/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other - please specify...	start <input style="width: 100px;" type="text" value=" / "/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	finish <input style="width: 100px;" type="text" value=" / "/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section 4 - Your Employment History

	Month / Year	Place of Employment, Type of Industry etc...	Job Description, Main Duties etc...
Current	from <input style="width: 100px;" type="text" value=" / "/>	<input style="width: 300px; height: 100px;" type="text"/>	<input style="width: 250px; height: 100px;" type="text"/>
	to <input style="width: 100px;" type="text" value=" / "/>		
	total <input style="width: 50px;" type="text" value=" yrs. "/> <input style="width: 50px;" type="text" value=" mths. "/>		
Previous	from <input style="width: 100px;" type="text" value=" / "/>	<input style="width: 300px; height: 100px;" type="text"/>	<input style="width: 250px; height: 100px;" type="text"/>
	to <input style="width: 100px;" type="text" value=" / "/>		
	total <input style="width: 50px;" type="text" value=" yrs. "/> <input style="width: 50px;" type="text" value=" mths. "/>		

**IMPORTANT :** Please attach a current C.V. or Resume showing employment history for (at least) the last 10 years

Have you organized employment in your destination country?  yes  no

Would you require assistance in finding employment ?  yes  no

Would you be able to start employment in 25 weeks time?  yes  no

If yes please give details:

## Section 5 - Languages

	Ability in English				Ability in French				Ability in <input type="text" value="please specify"/>			
	fluent	well	with difficulty	not at all	fluent	well	with difficulty	not at all	fluent	well	with difficulty	not at all
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 6 - Your Emigration History

Have you previously held a visa for another country?  yes  no    If yes please give details

Have you ever been denied a visa for another country?  yes  no    If yes please give details

**Section 7 - Your Current Financial Status**

Property equity (value less mortgage)	<input type="text"/>	Use this area for any notes about your assets
Savings / investments (exclude pension)	<input type="text"/>	
Cars & vehicles (value less finance)	<input type="text"/>	
Redundancy payment expected	<input type="text"/>	
Minus outstanding debts	<input type="text"/>	
<b>TOTAL</b>	<input type="text"/>	

← please indicate the currency used i.e. 'GBP£' - 'EUR€' - 'US\$' etc.

Do you or have you owned a business?  yes  no No. of employees  Approximate turnover per annum

**Section 8 - Family Relationships** in Australia / Canada / N. Zealand / S. Africa / U.S.A.

Name of relative	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family relationship (I.e. Sister, Uncle etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relative of principal applicant or partner?	<input type="checkbox"/> principal <input type="checkbox"/> partner	<input type="checkbox"/> principal <input type="checkbox"/> partner	<input type="checkbox"/> principal <input type="checkbox"/> partner
In which country do they reside?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How long have they lived in this country?	<input type="text"/> year	<input type="text"/> years	<input type="text"/> years
City / town (note postal code if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they a citizen?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> d. k.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> d.k.

**Section 9.1 - Your Partner's Details**

Date of birth	<input type="text" value="dd / mm / yyyy"/>	Birthplace	<input type="text"/>	Height	<input type="text"/>
Age	<input type="text"/>	Birthplace (parents)	<input type="text"/>	Weight	<input type="text"/>
E-mail address	<input type="text"/>		Mobile telephone number	<input type="text"/>	
Work telephone number (in confidence)	<input type="text"/>		Passports held?	<input type="text"/>	

**Section 9.2 - Your Partner's Qualifications**

Highest qualification	start	finish	month/year	pt/full time	Subject	Name of institution	Qualification
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list the languages spoken by your partner, as per Section 5 overleaf.

**Section 9.3 - Your Partner's Current Employment**

Month / Year	Place of Employment, Type of Industry etc...	Job Description, Main Duties etc...
from <input type="text" value=" /"/>	<input type="text"/>	<input type="text"/>
to <input type="text" value=" /"/>		
total <input <input="" type="text" value=" mths."/>		

**IMPORTANT :** Please attach a current C.V. or Resume showing employment History for (at least) the last 10 years

**Section 10 - Your Future Plans**

Assuming you are eligible to migrate please indicate your level of interest.

<input type="checkbox"/> New Zealand	<input type="checkbox"/> very keen/want to go now	<input type="checkbox"/> keen / probably would go	<input type="checkbox"/> undecided
<input type="checkbox"/> Other	<input type="checkbox"/> very keen/want to go now	<input type="checkbox"/> keen / probably would go	<input type="checkbox"/> undecided
Have you visited these countries?	<input type="checkbox"/> yes <input type="checkbox"/> no	If so when?	Please indicate if you have a preferred area to settle in.

Why do you wish to emigrate?

Please use a separate paper for any questions or concerns you have about your destination country and/or the migration process or for any section that requires more room.

**Section 11 - Payment Details**

Our fee for this form is only GBP£ 29.95 or EUR€ 45.00 or US\$ 55.00 Payment should be forwarded with this form.

This Fee covers: a) Your Professional Evaluation and Report  
b) An informal consultation

w-a-2004

Pre App.Code: \_\_\_\_\_

I have enclosed **GBP £29.95** or **EUR€ 45.00** or **US\$ 55.00** payment by:

<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque (payable to Willis Brazolot & Co.)	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	Start Date:	Expiry Date:
Card Number	<input type="text"/>			<input type="text" value="mm / yy"/>	<input type="text" value="mm / yy"/>
Exact Name on card	<input type="text"/>				

Once we have received your details, we will evaluate your potential for migration against the current laws of your chosen destination(s). We can then counsel you about the most appropriate method of achieving results and making a submission. We will normally respond to you with the results of your evaluation within 10 working days.

The information requested on this form is essential to provide an evaluation of your eligibility for attaining residence overseas and will be treated in the strictest confidence. Willis Brazolot & Co. can accept no responsibility for an evaluation and subsequent application made from information which is untrue or misleading in any way

I hereby state that the information contained in this form is, to the best of my knowledge, an accurate and truthful statement of my past and current situation.

Signed  Date