

FORM 101A

Supervision Arrangement Application

This supplementary application form is to be completed by an individual applying:

- › for provisional licence and their proposed supervisor
- › to change their supervisor
- › to amend their supervision agreement.



LICENSED PROFESSIONAL PROTECTED MIGRANT

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IMPORTANT NOTES

1. On the cover page of this application form is a date of issue. Please check you are using the latest application form before continuing as old application forms will not be accepted. Check www.iaa.govt.nz for the latest versions of all forms.
2. This is a supplementary application form for people who are applying:
 - › for a provisional licence and their proposed supervisor
 - › to change their supervisor
 - › to amend their supervisor agreement.
3. Your supervisor must meet the requirements for supervisors in the Licensing Toolkit which can be obtained from the Immigration Advisers Authority (the Authority) website.
4. If you are granted a provisional licence you may provide immigration advice but only under the direct supervision of your approved supervisor.

SECTION 1 PROVISIONAL LICENCE APPLICANT**Applicant**

Family/last name

First/given names

SECTION 2 SUPERVISION AGREEMENT

Please provide a copy of your proposed supervision agreement.

Please note that there is a model supervision agreement on the Authority website, www.iaa.govt.nz, to help you.

SECTION 3 PROVISIONAL LICENCE HOLDER ACKNOWLEDGEMENT AND DECLARATION

I, (full name of applicant)

- › understand that I must not give immigration advice for any period of time in which I do not have in place a supervision agreement approved by the Registrar
- › agree to act in accordance with the supervision agreement as approved by the Registrar for the term of the supervision
- › declare that the details I have provided in this form are true and correct.

Signed

DAY

MONTH

YEAR

SECTION 4 PROPOSED SUPERVISOR**Personal details of proposed supervisor**

Family/last name

First/given names

New Zealand immigration adviser licence number

Business/Organisation

Contact phone number

(+COUNTRY CODE – AREA CODE – LOCAL NUMBER)

Email address

SECTION 5 SUPERVISOR REQUIREMENTS

Do you hold a full New Zealand immigration adviser licence?

Yes No

Do you currently provide direct supervision to any other provisional licence holders?

Yes No

If yes, how many provisional licence holders?

SECTION 6 SUPERVISOR'S ACKNOWLEDGEMENT AND DECLARATION

I, (full name of supervisor)

- › understand that the applicant must not give immigration advice for any period of time in which they do not have in place a supervision agreement approved by the Registrar
- › agree to act in accordance with the supervision agreement as approved by the Registrar for the term of the supervision
- › declare that the details I have provided in this form are true and correct.

Signed

DAY

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SECTION 7 PROPOSED BACK-UP SUPERVISOR

It is not compulsory to have a back-up supervisor. However, if you have organised a back-up supervisor, please complete this section

Personal details of proposed back-up supervisor

Family/last name

First/given names

New Zealand immigration adviser licence number

Business/Organisation

Contact phone number

(+COUNTRY CODE – AREA CODE – LOCAL NUMBER)

Email address

SECTION 8 BACK-UP SUPERVISOR REQUIREMENTS

Do you hold a full New Zealand immigration adviser licence?

Yes No

Do you currently provide direct supervision to any other provisional licence holders?

Yes No

If yes, how many provisional licence holders?

SECTION 9 BACK-UP SUPERVISOR'S ACKNOWLEDGEMENT AND DECLARATION

I, (full name of supervisor)

- > understand that the applicant must not give immigration advice for any period of time in which they do not have in place a supervision agreement approved by the Registrar
- > agree to act in accordance with the supervision agreement as approved by the Registrar for the term of the supervision
- > declare that the details I have provided in this form are true and correct.

Signed

DAY

MONTH

YEAR

If you have more than one back-up supervisor, you must photocopy this page and ask each back-up supervisor to complete Sections 7 to 9. Please submit the complete Form 101A to the Authority.