



PAPUA NEW GUINEA'S SEASONAL WORKER SCHEME

Attach 6 recent
passport-size
(45x35mm)
color
photographs

APPLICATION FORM*

SECTION 1: PERSONAL DETAILS						
Name Surname/Maiden Name:		Given Names:			Male <input type="checkbox"/>	Female <input type="checkbox"/>
Mail Address:		Telephone				
		Mobile Phone				
		Fax/Email				
		Emergency Contact	Contact Number	Contact Person		
		Religion				
Age	Date of Birth	Place of Birth	Village	LLG/ District	Home Province	
	.../.../...					
Evidence of Birth: <i>Attach a copy of Birth Certificate issued by Civil Registry Office</i>						
Height(cm):	Weight(kg):	Physical Disabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details.....				
Current Occupation:						
How long have you lived in Papua New Guinea?						
Present Residency	Village		LLG / District		Town/Province	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed					
If married	Spouse's Full Name and Address		Mobile Phone		Telephone	
Spouse's consent obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes, <i>attach copy of Statutory Declaration/Joint Statement (consent of spouse)</i>						
SECTION 2: EVIDENCE OF CITIZENSHIP - PASSPORT DETAILS				<i>(Attach a copy of passport bio data page)</i>		
Passport No.	Passport expiry Date	Place of Issue		Date of Issue		
/...../.....		/...../.....		

SECTION 3: MEDICAL REPORT *(Attach medical statement/certificate)*

Do you have a medical condition requiring significant ongoing treatment or hospitalization?

Yes No

If Yes, provide details.....

Tested or screened for TB within the last 6 months?	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Provide details of result:
Tested or screened for Diabetes within the last 6 months?	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Provide details of result:
Tested or screened for HIV/AIDS within the last 6 months?	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Provide details of result:

Name of Medical Officer: _____ Contact: _____

SECTION 4: EDUCATION LEVEL *(Attach evidence of highest qualification attained)*

Trade/Profession	School/Institution Attended	Period	Qualification Attained

SECTION 5: POLICE CLEARANCE REPORT *(Attach police clearance report)*

Have you been convicted of an offence? Yes No

If Yes, give details.....

Name of Police Officer: _____ Contact: _____

If you have been convicted, please provide post-conviction report by the Community Correction Officer (Probation/Parole Officer) providing evidence of rehabilitation and good citizenship.

SECTION 6: CHARACTER ASSESSMENT REPORT *(Attach character assessment report)*

Name of Person /Ward Screening Committee providing Character Assessment Report(<i>Pastor/Ward Councilor/Magistrate/LLG President</i>)	Title	Contact

SECTION 7: REFEREES *(People we can talk to about your character)*

Full name	Title/ Relationship	Address / Contact

SECTION 8: OTHER REQUIRED INFORMATION

Can you speak English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you take other illegal drugs such as marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a bank account with any bank in PNG?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, provide Bank account details:	Name of Bank	Branch

Are you willing to work overtime during:
 Saturdays Sundays Public Holidays National Days

Can you drive: Yes No

If Yes; provide details : License No: _____ License Class: _____ Expiry date:...../...../.....

Have you ever travelled overseas before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes;
Where:	When:	Purpose:
Do you have a genuine intention to enter Australia or New Zealand temporarily for seasonal work and will return to Papua New Guinea after your Visa Permit expires? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What are your reasons for applying for seasonal work in Australia or New Zealand? <i>(Please attach a separate page if you require more space)</i>		
.....		
.....		
.....		
.....		
.....		
What arrangements do you propose to have for your spouse's living welfare if you are selected to work in Australia or New Zealand?		
.....		
.....		
Other interests or hobbies:		
.....		
.....		
.....		

SECTION 9: DECLARATION

I hereby declare that;

- (a) All information provided in this application (including all attached documentation) is true and correct; and
- (b) I understand that the provision of false and misleading information may result in;
 - i. the refusal of my application;
 - ii. ban from future participation in similar labour sending schemes; and or
 - iii. possible prosecution for forgery or false pretence charges by Police.

Name: Signature: Date:/...../.....

**Please find at the back of this page, the checklist of all the requirements.*

Pre-requisite Supporting Documentation Checklist

Important: Ensure that all the documents required to support your application are valid, genuine and authenticated before submission to the Seasonal Worker Coordination Office or at the nearest Provincial Labour Office.

Please Tick <input checked="" type="checkbox"/>	Document
1. <input type="checkbox"/>	Copy of Papua New Guinea Passport Bio data page
2. <input type="checkbox"/>	Six(6) recent, clear, colour passport size photos
3. <input type="checkbox"/>	Copy of evidence of Education Qualification(Grade 10 and above)
4. <input type="checkbox"/>	Copy of Birth Certificate from Civil Registry Office, Dept. for Community Development
5. <input type="checkbox"/>	Copy of Police Report from the Dept. of Police (RPNGC)
6. <input type="checkbox"/>	Copies of Medical Reports(include results of TB, Diabetes & HIV)
7. <input type="checkbox"/>	Copy of Statutory Declaration/Joint Statement(consent of spouse)
8. <input type="checkbox"/>	Copy of Character Assessment Report from Local Pastor or a Ward Councilor or Village Court Magistrate or Village Chairman

Completed Application Forms, with all required supporting documents, should be sent to:

**PNG Seasonal Worker Coordination Office,
Moale Haus, (Ground Floor.)
P.O. Box 5466,
Boroko,
National Capital District**

Telephone: 325 2546 or 301 1600 Ext: 626 Facsimile: 325 6655

*The PNG Government does not charge any fees for this application form or for its lodgment and processing. Please report any illegal collection of fees, charges or commission to your local police or to the Seasonal Worker Coordination Office (Address given above).