

APPLICANT DECLARATION AND ACCEPTANCE

Please read the following declaration and sign to accept.

- I declare that the information I have provided to support this International Qualification Assessment (IQA) application by the New Zealand Qualifications Authority (NZQA) is **true and correct** to the best of my knowledge; and
- I authorise NZQA to **request and receive information about me from other agencies**, whether in New Zealand or overseas, for the purpose of assessing my qualification(s) under this application, including from any educational provider, institution, other person, or organisation, for the purpose of verifying my qualification(s); and
- NZQA will act in accordance with the **New Zealand Privacy Act 1993** which generally limits the disclosure of my personal information, but I accept that NZQA may disclose my personal information where it is necessary to avoid prejudice to the maintenance of the law by any public sector agency. This includes the prevention, detection, investigation, prosecution, and punishment of offences, for example immigration fraud under the New Zealand Immigration Act 2009; and
- I accept the **NZQA International Qualifications Assessment Terms and Conditions** (as applicable).

Applicant Name	Date
Applicant Signature	

AGENT AUTHORITY (if applicable)

If you have an agent/agency you would like to act on your behalf, please complete the following:

Agency Name			
Agent's Name			
Agent Type	<input type="checkbox"/>	Licensed Immigration Advisor – Registration Number	
	<input type="checkbox"/>	Lawyer registered with the New Zealand Law Society	

- I authorise the above agent and/or agency personnel to act as my Agent in the management and completion of my International Qualification Assessment (IQA) application.

Applicant Name	Date
Applicant Signature	

Please upload this document as part of your online IQA application

Questions? Contact us at QRS@nzqa.govt.nz or on +64 (4) 463 3000 (toll-free in NZ: 0800 697 296)