

How to complete a request

Use this form to request an Emergency Allocation for a place in a managed isolation facility where urgent travel is required within the next 7 days. You will need to meet one of the circumstances or reasons for applying for emergency allocation below. Applications will be prioritised in order with Category 1 applications prioritised first, followed by Category 2. Read through this form carefully and ensure you complete all of the sections.

PRIORITY	CIRCUMSTANCES OR REASONS THAT APPLY
Category One	<ul style="list-style-type: none">a. New Zealand citizens* or residents where a serious risk to health exists for the applicant or their dependant, which requires urgent travel to New Zealand; ORb. Where urgent travel is required to ensure a child is provided with appropriate care and protection.
Category Two	<ul style="list-style-type: none">a. New Zealand citizens or residents who are required to provide critical care for a dependant person in New Zealand and need to travel urgently to do so; ORb. A person whose entry to New Zealand is time-critical for the purpose of delivering a critical public or health service, such as the provision of specialist health services required to prevent serious illness, injury or death; or the maintenance of essential infrastructure whose failure would result in significant harm or disruption to a large number of New Zealanders; ORc. New Zealand citizens or residents, who are unable to legally remain in their current location and have no other option but to return to New Zealand; ORd. New Zealand and non-New Zealand citizens, where urgent travel to New Zealand is required for national security, national interest or law enforcement reasons.e. New Zealand citizens or residents entering New Zealand to visit a close relative who is dying, where timely travel is unlikely to be possible if the person books through MIAS.

(Note: Applications will only be accepted within 7 days of intended travel date.)

You must have registered your details in the Managed Isolation Allocation System prior to completing this form.

Forms may be completed on a device by editing this PDF. Please note that we will only accept forms in a PDF, JPEG or PNG format.

If you completed a 'family registration' in the Managed Isolation Allocation System, the person who registered on MIAS should complete this form so that the details match.

After submitting this form, you will receive an email confirming your application has been received.

Checklist

I have registered in the Managed Isolation Allocation System

Please register in the Managed Isolation System and check for available dates before completing this form. Please do not complete this application unless you have registered and have been unable to select a date for urgent travel.

*New Zealand citizens include people from the Realm countries: Tokelau, Niue and Cook Islands.

MANAGED ISOLATION AND QUARANTINE

ABOUT YOU

You are required to complete all fields on this form.

1. Personal details – these **must match** the information registered in the Managed Isolation Allocation System

Name (given or first name): _____

Name (middle): _____

Name (family name/surname): _____

Name of family/group (if you registered as a family group): _____

Date of birth (DD/MM/YYYY): _____

Email address used for your MIAS registration: _____

Phone number: _____

Nationality as shown in passport: _____

Passport number: _____

a) I am a New Zealand citizen or permanent resident:

Yes No *If you are not a New Zealand citizen or permanent resident answer question b) below.*

b) I am entering NZ as a critical worker on a critical purpose visa . *Please provide visa type below.*

Visa type: _____

Application submitted on behalf (if applicable):

Parent Guardian Service provider Other

Name of person submitting form _____

Nature of relationship with applicant: _____

2. About your travel

What country are you currently in? _____

How many people are travelling to NZ? _____

If you are returning to NZ, what date did you leave? (DD/MM/YYYY) _____

What date do you need to arrive in New Zealand? (DD/MM/YYYY) _____

MANAGED ISOLATION AND QUARANTINE

Please provide details of the flight you intend to take within the next 7 days if your application is successful
(this will be used to create your voucher)

Airline _____

Flight number _____ Arrival time in NZ _____

3. Your application

Emergency allocations can be considered if they fall within one of the categories below. Select ONE category that applies to you and outline your circumstances in the free text box. You must attach the relevant supporting documents with your application.

CIRCUMSTANCES OR REASONS TO APPLY		SUPPORTING EVIDENCE THAT YOU MUST INCLUDE IN YOUR APPLICATION
1a.	<input type="checkbox"/> New Zealand citizens or residents where a serious risk to health exists for the applicant or their dependant, which requires urgent travel to New Zealand	A letter from your doctor or treatment provider confirming that there is a serious risk to health which requires your urgent travel to New Zealand.
1b.	<input type="checkbox"/> Where urgent travel is required to ensure a child is provided with appropriate care and protection	Evidence to support this application. For example, court documents, police statement, or statement from child protection agency.
2a.	<input type="checkbox"/> New Zealand citizens or residents who are required to provide critical care for a dependant person in New Zealand and need to travel urgently to do so	Evidence to support this application. For example, letter from a doctor or treatment provider, court documents or police statement.
2b.	<input type="checkbox"/> A person whose entry to New Zealand is time-critical for the purpose of delivering a critical public or health service, such as the provision of specialist health services required to prevent serious illness, injury or death; or the maintenance of essential infrastructure whose failure would result in significant harm or disruption to a large number of New Zealanders	Evidence from New Zealand health or public service that outlines the purpose of travel, and confirms your entry to New Zealand is time critical. Copy of visa if not a New Zealand citizen or resident.
2c.	<input type="checkbox"/> New Zealand citizens or residents, who are unable to legally remain in their current location and have no other option but to return to New Zealand	Evidence to support this application. For example, confirmation from airline, letter from Ministry Foreign Affairs and Trade (MFAT), or New Zealand embassy or high commission.
2d.	<input type="checkbox"/> New Zealand and non-New Zealand citizens, where urgent travel to New Zealand is required for national security, national interest or law enforcement reasons	Evidence to support this application including a statement in support from the New Zealand Government.
2e.	<input type="checkbox"/> New Zealand citizens or residents entering New Zealand to visit a close relative who is dying, where timely travel is unlikely to be possible if the person books through MIAS.	A letter from a doctor, hospital or hospice confirming that the person is terminally ill and confirmation of their life expectancy.

(Note: Applications will only be accepted within 7 days of intended travel date.)

MANAGED ISOLATION AND QUARANTINE

Please outline the circumstances which require urgent travel within the next 7 days below.

I have applied under **one** category above.

I have attached the required supporting evidence.

I have explained why this reason applies to me in the free text box above.

MANAGED ISOLATION AND QUARANTINE

Declaration*

I declare the information I have supplied for this request is true and correct. I understand providing false or misleading information is an offence and may result in a penalty.

Applicant full name: _____ Date: _____

Information used on this form is collected and used for assessing and managing your Emergency Allocation Request.

Once this Emergency Allocation Request Form is complete, please send as an attachment to **specialallocation@miq.govt.nz** along with your supporting evidence.