

A Survey of International Students in New Zealand

August 2003

Thank you for agreeing to take part in the Survey of International Students. BRC Marketing & Social Research, an independent research company, is helping the Ministry of Education to carry out the survey.

We have sent you a **copy of the questionnaire in English** (as requested on the Agreement Form you completed) and a Freepost envelope to return it in (no stamp required). If we have made a mistake and sent you the questionnaire in the wrong language, please phone or email us immediately (now) and we will send you the correct questionnaire.

To answer most questions in the questionnaire, please tick (✓) the box next to your answer. In some questions, only one (1) answer is needed; in other questions, you can tick as many answers as apply.

Please note that **no one will be personally identified** when the results of the survey are reported. Completing the questionnaire is purely **voluntary (your choice)**, but every student who completes the questionnaire and sends it back to BRC will go into the draw to win one of the prizes listed on the back page of the questionnaire.

If you have any **questions about this survey**, please contact Nicky Ryan or Kathleen Murrow, the Researchers responsible for this survey, at BRC on 0800-500-168, between 9am and 5pm Monday to Friday, or by email at nicky.ryan@brc.co.nz or kathleen.murrow@brc.co.nz.

If needed, someone can call you back and answer your questions in Chinese (Mandarin), Japanese, Korean, or English – please clearly tell BRC (in English) your name, phone number, and which language you speak, and someone will call you back.

Respondent No: EIS_S _____

Section A – Background information

Personal information

1. Age: years

2. Gender:

(Please tick one box only)

Male..... 1
Female 2

3. Place of Origin:

(Please tick one box only)

China..... 1
Korea..... 2
Japan..... 3
Thailand..... 4
Taiwan..... 5
Germany..... 6
India..... 7
Switzerland..... 8
Hong Kong 9
Indonesia..... 10
Malaysia 11
Other (Please specify)..... 12

4. Religion:

(Please tick one box only)

No religion 1
Buddhist 2
Christian 3
Muslim..... 4
Jewish 5
Other (Please specify)..... 6

5. Are you married or unmarried?

(Please tick one box only)

Married 1
Unmarried 2

6. How many months have you been in New Zealand? (If you have been in New Zealand for less than one month, please write 0.)

_____ Months

7. How many years do you plan to study in New Zealand?

(Please tick one box only)

Less than one..... 1
One..... 2
Two..... 3
Three..... 4

More than three..... 5

8. Do you have other family members in New Zealand?

(Please tick one box only)

Yes 1
No 2

8a. If “yes”, which family members are in New Zealand?

(Please tick all boxes that apply)

Parent..... 1
Husband/Wife..... 2
Child 3
Brother/Sister 4
Other 5

9. Is this the first time you have studied overseas?

(Please tick one box only)

Yes 1
No 2

10. What is your first language?

(Please tick one box only)

Chinese (Mandarin)..... 1
Chinese (Cantonese) 2
Korean..... 3
Japanese..... 4
Thai 5
Hindi 6
German 7
French 8
Bahasa Malay 9
Bahasa Indonesia 10
Other (Please specify)..... 11

Educational institution¹

11. What is the type of educational institution in which you are currently enrolled?

(Please tick one box only)

Secondary school..... 1
Polytechnic/Institute of Technology 2 **Go to question 0**
University 3 **Go to question 0**
Other tertiary institution 4 **Go to question 0**
Private Language School..... 5 **Go to question 0**

¹ Educational institution – a place of study. This may be a school, polytechnic, institute of technology, university, private language school, or other place of study.

Other (Please specify)..... 6 **Go to question 0**

12. If you are studying in a secondary school now, what is your year of study?

(Please tick one box only)

- Year 10..... 1
Year 11..... 2
Year 12..... 3
Year 13..... 4

Now go to question 14.

13. If you are studying at a tertiary institution (polytechnic, institute of technology, university or other tertiary institution) now, what qualification are you studying for?

(Please tick all boxes that apply)

- Certificate 1 **Go to question 0**
Diploma 2 **Go to question 0**
Bachelor's degree 3
Master's degree 4
PhD degree 5
None..... 6 **Go to question 0**

13a. If you are studying for a degree now, what is your main field of study?

14. How many months have you been enrolled at your present institution (place of study)? (If you have been enrolled there for less than one month, please write 0.)

_____ **months**

15. In which town or city are you studying now?

(Please tick one box only)

North Island

- Whangarei..... 1
Auckland 2
Hamilton 3
Tauranga..... 4
Gisborne..... 5
Rotorua..... 6
New Plymouth 7
Wanganui 8
Napier/Hastings..... 9
Palmerston North 10
Wellington 11
Other North Island town or city 12

South Island

- Nelson/Blenheim 13
Christchurch 14
Timaru 15
Dunedin..... 16

Invercargill 17
 Other South Island town or city 18

16. Is your education in New Zealand paid for by...?

(Please tick as many boxes as apply)

Yourself 1
 Parents 2
 Husband/Wife 3
 Other family members 4
 Scholarship or other award 5
 Loan 6
 Your government or employer 7

16a. How difficult is it to pay for your education in New Zealand?

(Please tick one box only)

Not at all 1
 Slightly (a little) 2
 Moderately 3
 Very 4
 Extremely 5

17. Have you studied at another institution in New Zealand?

(Please tick one box only)

Yes 1
 No 2

17a. If “yes”, was it a...?

(Please tick one box only)

Secondary school 1
 Polytechnic/Institute of Technology 2
 University 3
 Other tertiary institution 4
 Private Language School 5
 Other (Please specify) 6

English fluency

18. Are you studying in an English language programme now?

Yes 1
 No 2 **Go to question 0**

19. If you are studying in an English programme, what is your level?

(Please tick one box only)

Beginner 1
 Elementary 2
 Pre-intermediate 3
 Intermediate 4
 Upper-intermediate 5
 Advanced 6
 Proficiency 7

20. Have you ever taken a TOEFL or IELTS test?

(Please tick one box only)

Yes 1
No 2 **Go to question 0**

21. Which of these tests have you taken? (If you have taken more than one test, choose the most recent one.)

(Please tick one box only)

IELTS 1
TOEFL (paper and pencil test) 2
TOEFL (computer test) 3

21. If you have taken a TOEFL or IELTS test, what is your most recent TOEFL or IELTS score?

22. How would you rate your English language ability in the following areas?

(Please tick one box only for each area)

	Poor	Average	Good	Excellent
a. Reading.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Writing.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Listening.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Speaking.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Overall.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Section B – Making a choice about where to study

All questions in this section refer to your choice to study at the educational institution in New Zealand **where you are currently enrolled.**

23. Was New Zealand your first choice as a place of study?

(Please tick one box only)

Yes 1
No 2

24. How important were the following factors in choosing New Zealand as a place to study?

(Please tick one box only for each factor)

	Not at all	Slightly (a little)	Moderately	Very	Extremely
a. Agent's ² recommendation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Friend's recommendation.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Teacher's recommendation.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Financial support from your government or employer.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. A scholarship from New Zealand	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Advertisements for study in New Zealand....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Direct contact from a New Zealand institution.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. Internet information	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. Family's preference	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. Your own preference	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. English speaking country	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. Family members or friends in New Zealand.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. The quality of New Zealand education.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n. International recognition of New Zealand's qualifications (e.g., degrees, diplomas, certificates).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o. Beautiful scenery.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
p. Safety	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
q. New Zealand culture and life style	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
r. Travel and adventure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
s. Was not possible to study in home country.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
t. Was not possible to study in another country.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
u. Cost.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
v. Easy to get a student visa	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
w. Opportunity to move to another country later.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
x. Opportunity to live in New Zealand permanently at a later date.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

² Agent – a person who is paid to provide services to you, such as finding you a place to study or a place to live.

Section C – Living arrangements in New Zealand

25. Where are you currently living?

(Please tick one box only)

- In student hostel..... 1
 In rental accommodation³ (e.g., flat) 2
 In your own home..... 3
 In a homestay⁴ (living with a family in New Zealand)..... 4
 In a relative's home 5
 Other (Please specify)..... 6

26. How satisfied are you with the following aspects of your accommodation?

(Please tick one box only for each aspect)

- | | Not at all | Slightly
(a little) | Moderately | Very | Extremely |
|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. The size..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. The location..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. The heating..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d. The lighting..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e. Kitchen | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| f. Bathroom/toilet | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| g. Laundry facilities..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| h. Access to telephone | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| i. Access to Internet..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| j. Cleanliness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| k. Your study space..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

27. Overall, how satisfied are you with your current accommodation?

(Please tick one box only)

- Not at all..... 1
 Slightly (a little)..... 2
 Moderately

- Very..... 4
 Extremely

Homestays/Living with a family in New Zealand

(Answer questions 0 to 0 only if you are now living in a homestay. If you do not currently live in a homestay, go to question 0.)

28. Who arranged the homestay for you? (If this was done by more than one person, please tick the box of the one who was MOST responsible for arranging your homestay.)

(Please tick one box only)

- Your school or educational institution in New Zealand..... 1
 Yourself..... 2
 Agent in your home country..... 3

³ Accommodation – the place where you are living.

⁴ Homestay – this refers to accommodation for international students in the residence (home) of a family in New Zealand.

Agent in New Zealand..... 4

Other (Please specify)..... 5

29. How much do you pay per week for your homestay? NZ\$

30. Other than yourself, how many international students live in your homestay?

(Please tick one box only)

- None..... 1
- 1 2
- 2 3
- 3 or more 4

31. Do you do housework (such as washing dishes, sweeping floors, working in the garden) in your homestay?

(Please tick one box only)

- Yes 1
- No 2

32. About how much time do you spend interacting (e.g., talking, going out together, eating together) with members of your homestay family each week?

(Please tick one box only)

- Less than 1 hour 1
- 1-5 hours 2
- 6-10 hours 3
- 11-15 hours 4
- More than 15 hours 5

33. How satisfied are you with the following aspects of your homestay?

(Please tick one box only for each aspect)

	Not at all	Slightly (a little)	Moderately	Very	Extremely
a. Food	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Relationship with your homestay family.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Quality of your accommodation.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Location of your homestay	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Rules and regulations in your homestay	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Housework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Cost of homestay	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. Support from homestay family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. Help with your studies from your homestay family.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

34. Overall, how satisfied are you with your homestay?

(Please tick one box only)

- Not at all 1
- Slightly (a little)..... 2
- Moderately 3
- Very 4
- Extremely 5

35. Are there any problems you have with your homestay?

(Please tick one box only)

- Yes 1
- No..... 2

35a. If “yes”, what?

Section D – Educational experiences in New Zealand

Self assessment

36. How well are you doing in your studies in New Zealand?

(Please tick one box only)

- Poor 1
Average 2
Good 3
Excellent 4

37. How satisfied are you with your progress in your studies?

(Please tick one box only)

- Not at all 1
Slightly (a little) 2
Moderately 3
Very 4
Extremely 5

38. How important is it to your family for you to do well in your studies?

(Please tick one box only)

- Not at all 1
Slightly (a little) 2
Moderately 3
Very 4
Extremely 5

39. How difficult are the following educational activities for you? (If the activity is not relevant to your course of study, tick “not applicable”.)

(Please tick one box only for each activity)

	Not applicable	Not at all	Slightly (a little)	Moderately	Very	Extremely
a. Understanding teachers/lecturers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. Writing assignments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Taking notes during class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. Completing assignments on time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. Working on group projects	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f. Taking tests or exams	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g. Making oral (spoken) presentations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h. Managing your study workload.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i. Asking questions in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
j. Thinking critically	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
k. Expressing yourself (communicating) in English.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
l. Expressing (Giving) your opinions to your teacher/lecturer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
m. Studying in a different educational system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Evaluating your programme of studies

40. Please rate the quality of the following.

(Please tick one box only for each area)

	Poor	Average	Good	Excellent
a. The content of your course	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. The feedback ⁵ you receive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. The quality of your instructors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. The assessment procedures.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

41. Overall, is the amount of work in your course(s)...?

(Please tick one box only)

Too little	<input type="checkbox"/> 1
About right.....	<input type="checkbox"/> 2
Too much	<input type="checkbox"/> 3

42. Overall, is the speed of teaching...?

(Please tick one box only)

Too slow	<input type="checkbox"/> 1
About right.....	<input type="checkbox"/> 2
Too fast	<input type="checkbox"/> 3

Cultural inclusiveness

43. How much do you agree or disagree with the following statements?

⁵ Feedback – information you receive about how well you are doing in your studies.

(Please tick one box only for each statement)

	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree
a. My teachers/lecturers encourage contact between international and local students	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. The content of my courses is useful for my future study or employment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. My teachers/lecturers make special efforts to help international students.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Cultural differences are respected in my institution.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My teachers/lecturers understand the problems of international students.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. In my classes there is the opportunity for other students to learn about my culture	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. I feel included in my class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. My teachers/lecturers understand cultural differences in learning styles.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. My classmates are accepting of cultural differences	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. Students from different cultural groups work well with each other in my classes.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Section E – Services and facilities

Agents

44. Did you use an agent⁶ to help you with your arrangements?

(Please tick one box only)

- Yes 1
 No 2 **Go to question 0**

44a. Was your agent...? (If you have used more than one agent, please choose the most recent one.)

(Please tick one box only)

- From your country 1
 From New Zealand..... 2

45. Please rate the quality of help provided by your most recent agent with the following.

(Please tick one box only for each area)

	Poor	Average	Good	Excellent	Not done by agent
a. Choosing a place of study.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Advising on course of study	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Applying to the institution	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Applying for a study visa	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Making travel arrangements.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Making payments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Arranging accommodation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. Arranging an airport reception.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. Advising on life in New Zealand	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. Translating documents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

46. Overall, how satisfied are you with the services provided by your most recent agent?

(Please tick one box only)

- Not at all 1
 Slightly (a little)..... 2
 Moderately 3
 Very 4
 Extremely 5

⁶ Agent – a person who is paid to provide services to you, such as finding you a place to study or a place to live.

Facilities at your educational institution

47. Are the following services or facilities available at your institution?

(Please tick one box only for each

service/facility)

	Yes	No	Don't know
a. International Student Office.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Student orientation services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Health services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Financial advice services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Accommodation services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Vocational (career) or educational guidance.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Counselling services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Computing services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Library services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Language laboratories.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Learning Support services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. "Buddy" or mentor programmes.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. Sports and Recreational facilities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. Clubs and societies.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o. Student Association.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
p. Additional services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

48. Please rate the quality of the services or facilities that are available in your institution.

(If the service is not available, leave the boxes blank.)

(Please tick one box only for each service/facility)

	Poor	Average	Good	Excellent	Don't know	
a. International Student Office.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	a.
b. Student orientation services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	b.
c. Health services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	c.
d. Financial advice services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	d.
e. Accommodation services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	e.
f. Vocational (career) or educational guidance.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	f.
g. Counselling services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	g.
h. Computing services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	h.
i. Library services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	i.
j. Language laboratories.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	j.
k. Learning Support services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	k.
l. "Buddy" or mentor programmes.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	l.
m. Sports and Recreational facilities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	m.
n. Clubs and societies.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	n.
o. Student Association.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	o.
p. Additional services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	p.

49. Please rate the overall quality of the services and facilities at your institution.

(Please tick one box only)

Poor.....	<input type="checkbox"/> 1
Average.....	<input type="checkbox"/> 2
Good.....	<input type="checkbox"/> 3

Excellent..... 4

50. Do you think New Zealand education is good value for money?

(Please tick one box only)

Yes 1

No 2

Not sure..... 3

51. Would you recommend friends or family members to study in New Zealand?

(Please tick one box only)

Yes 1

No 2

Not sure..... 3

Section F – Support or help that you might receive in New Zealand

52. This section is about the sources of support that are available to help you in New Zealand. For each activity, tick the sources of support that are available to you.

(Please tick as many boxes as apply for each type of activity)

	Staff at your institution	Home stay family	Kiwi friends	Inter-national students	People from clubs or the community	People in your home country	Others
a. Talk with you if you are upset or troubled	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
b. Help you if you are sick	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
c. Help you with language or communication problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
d. Provide information about sexual health and reproduction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
e. Discuss relationship issues or concerns with you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
f. Help you find your way around.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
g. Help with educational issues or problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
h. Help you become involved in community activities.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
i. Comfort you if you are lonely or homesick.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
j. Answer questions that you have about life in New Zealand	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
k. Help with your living arrangements ...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
l. Give advice on banking and budgeting (financial matters)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

53. Overall, how satisfied are you with the support you receive?

(Please tick one box only)

- Not at all ₁
- Slightly (a little)..... ₂
- Moderately ₃
- Very ₄
- Extremely ₅

Section G – Your relationships with people in New Zealand

Friendships

54. Here are some questions about making friends with New Zealanders. Please indicate your level of agreement or disagreement with each statement.

(Please tick one box only for each statement)

	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree
a. I would like to have more New Zealand friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I find it difficult to make friends with New Zealanders.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. New Zealanders do not seem interested in having international friends.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. New Zealanders are friendly towards foreigners.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. My English ability stops me from making New Zealand friends.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. I try my best to make New Zealand friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. New Zealanders should take the first steps to make friends with international students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

55. Here are some questions about the people you know in New Zealand. Please indicate the answer that applies best to you.

55a. How many close friends do you have from the following groups of people?

(Please tick one box only for each group of people)

	None	One	A few	Some	Many
a. New Zealanders	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. People from your home country	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. People from other countries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

55b. How often do you spend social time with the following groups of people?

(Please tick one box only for each group of people)

	Never	Seldom	Sometimes	Often	Very often
a. New Zealand friends.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Friends from your home country.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. International friends from other countries.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

55c. How often do you study with the following groups of people?

*(Please tick one box **only** for each group of people)*

	Never	Seldom	Sometimes	Often	Very often
a. New Zealand students	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Students from your home country	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. International students from other countries.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

New Zealanders and international students

56. How do you think New Zealanders view international students? Please indicate your level of agreement/disagreement with each statement.

(Please tick one box only for each statement)

	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree
a. Most New Zealanders would like to know international students better	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. International students often experience discrimination (unfair treatment) in New Zealand.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. New Zealanders have generally positive attitudes towards international students	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. On the whole, New Zealanders would prefer fewer international students in the country	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

57. How often do the following people treat you unfairly or negatively because of your national, cultural or racial background? Please indicate the answer that best applies to you.

(Please tick one box only for each group of people)

	Never	Seldom	Sometimes	Often	Very often
a. New Zealand students.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. International students	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Teachers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Administrative and support staff at your educational institution	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. People in the community (e.g., neighbours, shop assistants, landlords)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Section H – Life in New Zealand

58. How much do you agree or disagree with the following?

(Please tick one box only for each

statement)

	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree
a. In most ways my life is close to my ideal (exactly as I would like it).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. The conditions of my life are excellent.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I am satisfied with my life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. So far I have got the important things I want in life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. If I could live my life over, I would change almost nothing.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

59. Please rate the quality of the following in the town/city where you are currently living in New Zealand.

(Please tick one box only for each area)

	Poor	Average	Good	Excellent
a. Public transportation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Entertainment (e.g., movies, clubs, pubs)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Restaurant/Food outlets (e.g., takeaways) ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Banking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Sports and recreation.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Supermarkets/Food markets.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

60. What do you find is most difficult about living in New Zealand?

Section I – Future plans

61. Immediately after you complete your current programme of studies, what is the next thing you are most likely to do?

(Please tick one box only)

- Enrol for further studies in your home country 1
Enrol for further studies at the same institution in New Zealand . 2
Enrol for further studies at another institution in New Zealand 3
Enrol for further studies in another country overseas 4
Find a job in home country 5
Find a job in New Zealand 6
Find a job in another country 7
Other (Please specify)..... 8
-
- No plans for the future yet..... 9

If you are NOT planning to enrol for further studies, please go to question 0.

62. If you are planning to enroll for further studies, at what level will this be?

(Please tick one box only)

- School 1 **Go to question 0**
Language school..... 2 **Go to question 0**
Tertiary institution (polytechnic, institute of technology, university, or other tertiary institution) 3

62a. If you are planning to enroll at a tertiary institution (polytechnic, institute of technology, university, or other tertiary institution), what qualification will you be studying for?

(Please tick all boxes that apply)

- Certificate 1 **Go to question 0**
Diploma 2 **Go to question 0**
Bachelor's degree 3
Master's degree 4
PhD degree 5
None..... 6 **Go to question 0**

62b. If you are planning to study for a degree, what will be your main field of study?

63. Are you planning to apply for a permanent residency⁷ (PR) in New Zealand?

(Please tick one box only)

- Yes 1
No..... 2

⁷ Permanent residency – living permanently in New Zealand.

64. Are you planning to apply for a permanent residency (PR) in another country?

(Please tick one box only)

Yes 1
No 2

Thank you very much for your help!