



OFFICIAL USE ONLY: REFERENCE NUMBER

IMMIGRATION ORDINANCE 1999, section 17F

IMMIGRATION (GENERAL) REGULATIONS 2021, regulation 16

APPLICATION FOR WORK PERMIT (including extensions)

Please take care when completing this form and only provide information that is complete and accurate

1) PERSONAL DETAILS

Surname(s)

Previous name(s)

Forename(s)

Gender

Male ☐Female ☐

Marital Status

Date of Birth

Place of Birth

Current Address

How long in current address

Previous address (if less than 12 months)

Email

<input type="text"/>	Telephone	<input type="text"/>
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Nationality

<input type="text"/>	<input type="text"/>
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Other Nationalities held

Countries lived in for 12 months or more in the last 5 years:

2) PASSPORT DETAILS

Passport Number

Place of Issue

Date of Issue

Date of Expiry

3) PERMIT DETAILS

Intended date of arrival**(if not already in the Falkland Islands)****Name of Employer****Address of Employer****Job Title****Employment dates****Start Date:****End Date:**

For Permit Extensions**Current permit no****Your ID no****Permit valid from****Valid to****Has there been any changes in the main terms & conditions of your job?****Yes** ☐**No** ☐**If 'yes' give details below –****Note: If your job role has changed a new Work Permit application will be required**

Medical and dental assessment or medical self-declaration completed (see guidance notes below)**Yes** ☐**No** ☐**What accommodation arrangements have been made for you?** Please detail the address, how long is it available for, who has arranged it, who will be paying for it, whether it is shared or single accommodation .etc.

4) ACCOMPANYING DEPENDENT(S) DETAILS

Do you have dependents accompanying you

Yes ☐No ☐

If **'yes'** give details below. If **'no'** proceed to step 5

Spouse/Partner first followed by any other family members in order of age (oldest first)

No dependents are allowed to accompany you if you are medically self-declared

For every accompanying dependent a separate application for an accompanying dependent permit must be completed

(a) Full Name

Date of Birth

Place of Birth

Nationality

Relationship to you

(b) Full Name

Date of Birth

Place of Birth

Nationality

Relationship to you

(c) Full Name

Date of Birth

Place of Birth

Nationality

Relationship to you

(d) Full Name

Date of Birth

Place of Birth

Nationality

Relationship to you

(e) Full Name

Date of Birth

Place of Birth

Nationality

Relationship to you

(f) Full Name			
Date of Birth		Place of Birth	
Nationality			
Relationship to you			

I confirm that I will support financially the above named dependents

☐ Tick box if dependents included

Note: box must be ticked if dependents are named above

5) GUIDANCE NOTES

- For the purposes of Falkland Islands immigration procedures you must declare **ALL** criminal convictions, whether or not they are considered to be spent by the laws of the country in which you were convicted, cautions and fixed penalty notices. A declaration of criminal convictions, cautions and fixed penalty notices will not necessarily mean that your application will be refused, but it is a requirement that they be taken into consideration
- Any material misrepresentation in this form may render you liable to prosecution in the Falkland Islands. It could also mean that any permit issued will be revoked and that you will need to leave the Falkland Islands
- It is an offence to take employment or engage in any trade, business, profession or vocation without having permission to do so
- A work permit may be issued for (or extended up to) a maximum period of four years. You cannot apply for a work permit if you are living in the Falkland Islands unless you have a valid work permit, accompanying dependent permit, dependent permit, or carer permit or you had a work permit, accompanying dependent permit, or dependent permit that expired less than 28 days before you submit the application
- An application fee is payable. A fee will be charged for an extension of an existing permit. All applications should be submitted via email to permits@customs.gov.fk
- Original documents must be available for inspection on request. All queries can be sent to the above email address. We aim to process complete applications within eight working days. Incomplete or non-straightforward applications are likely to result in slower determinations

Medical

- You must have undergone a medical and dental assessment in the last three months and submitted it to the Chief Medical Officer
- Clearance can be valid for up to 5 years, but in some cases may be less, it is the permit holder's responsibility to ensure they have adequate medical clearance to cover any permit extension and if not they must apply to King Edward Memorial Hospital for a new assessment. **Please note we will only be able to issue a Work Permit extension for the duration of the medical clearance**

For work permits up to 9 months, you may submit medical self-declaration in the specified form for approval by the Chief Medical Officer. The approval of the Chief Medical Officer is required before a work permit can be issued. If you choose this option rather than undergoing a full assessment, you must also hold appropriate medical insurance valid for the duration of the work permit and provide a copy of the insurance certificate. Medical insurance must cover aero-medical evacuation to the value of at least US\$2,000,000. **If your insurance cover is not valid or maintained or the insurer subsequently refuses to accept liability for any reason, the Falkland Islands Government is not liable for any medical treatment or related medical services you may incur**

Criminal Record Checks

- Applicants for permits of 150 days (five months) or more must provide (dated not more than three months before the date of application):
 - an approved Police Vetting Certificate from your country of residence;
if the duration of your work permit is 2 years or more (or any subsequent extension takes the duration past 2 years) a Police Vetting Certificate for each country you have lived in for 12 months or more in the 5 years prior to your arrival (unless already submitted)

You must provide evidence to satisfy medical and criminal record checks requirements when submitting your application

6) DECLARATION

If you fail to provide complete and accurate information or if you provide information that is false then you may commit a criminal offence for which you can be fined or sent to prison

- I understand the questions on this form and confirm that the information provided is true and correct
- If, between the time that I make this application and the time it is decided, any relevant matter relating to the application changes, I will inform Falkland Islands Customs and Immigration
- I understand that the Falkland Islands works to maintain a drugs-free environment and that if I am convicted of a drugs-related offence whilst in the Islands it may lead to the revocation of any permit granted on this application and my deportation from the Falkland Islands
- I understand that I am required to declare **ALL** criminal offences whether spent or not, cautions and fixed penalty notices, and that failure to do so may lead to the revocation of any permit granted on this application and my deportation from the Falkland Islands

APPLICANT DECLARATION:**Have you ever been convicted of *any* criminal offence?**Yes ☐No ☐*You must answer 'yes' even if the conviction is considered to be spent or rehabilitated*

If 'yes' please provide details below of your criminal convictions, including the nature and the date of the conviction.

Dates(s)**Conviction(s)****Penalties****Have you ever received a caution or a fixed penalty notice?**Yes ☐No ☐*You must answer 'yes' regardless of the date of the caution or fixed penalty notice, and whether or not the fixed penalty notice was paid*

If 'yes' please provide details below of your cautions or fixed penalty notices, including the offence for which the caution or fixed penalty notice was issued and the date issued.

Dates(s)**Caution(s)/Fixed penalty notice(s)****Result(s)****Have you ever been deported, removed, required to leave, had a permit revoked, or refused entry to *any* country?**Yes ☐No ☐

If 'yes' please provide details below

Have you ever suffered from any dangerous contagious disease?Yes ☐No ☐

If 'yes' please provide details below

Do you have any medical condition or disability for which you need on-going specialist medical treatment?

Yes ☐No ☐

If 'yes' please provide details below

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Now finish the application by adding your name and the date below -

I have read and understood the above declaration and it is correct

Name in full

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Date

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CHECK LIST

Tick if appropriate

Copies of all passports

☐

Criminal record checks (if relevant)

☐

Medical assessment, or medical declaration and insurance

☐

Copies of birth certificate(s) of children (if relevant)

☐

Educational assessment of children (if relevant)

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