

FORM 3

A FEE OF £23.00 IS PAYABLE
WITH THIS APPLICATION

FOR OFFICIAL USE ONLY :	
Receipt No	
Receipt Date	
Issued	
Period of Validity	
Officer's Initials	

FALKLAND ISLANDS IMMIGRATION ORDINANCE 1999

PLEASE USE THIS FORM TO APPLY FOR (Tick Relevant Box)-

A RENEWAL OF WORK PERMIT WITH CURRENT EMPLOYER, or

AN ADDITIONAL WORK PERMIT, or

A CHANGE OF EMPLOYMENT (BY HOLDER OF CURRENT WORK PERMIT)

WARNING: Any material mis-statement in this form may render you liable to prosecution in the Falkland Islands. It could also mean that any permit issued will be cancelled and that you will be deported.

If you are in any doubt about how to answer any of the questions in this form, please seek clarification from the Immigration Department on 27340 or e-mail: admin@customs.gov.fk

IMPORTANT NOTES:

- (i) It is an offence to continue in, or take up employment without a valid Work Permit.
- (ii) Please complete this form in black ink or black ballpoint pen.
- (iii) You may be required to undergo a medical examination before the permit is granted. The same applies in respect of any member of your family included on this form. The Principal Immigration Officer may also wish to obtain further information from you in connection with your application.

Personal Details

Personal ID No (obtain from current Work Permit below Work Permit No):

Date of Birth:

Surname:

First Names:

Passport No:

Date of Issue:

Place of Issue:

Date of Expiry:

Current Tel No:

Fax No:

E-mail Address:

Name of Current, or most recent, Employer:

Current or most recent Job Title:

I am applying for a renewal of my work permit with my current employer

Employment Start Date:

Employment End Date:

Name Date

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I am applying for a Work Permit to take up additional employment

Name of New/additional Employer:
Employment Start Date: Employment End Date:
Job Title: Part Time or Full Time?

I am applying for a work permit with a new primary (main) employer (Change of Employment)

I will complete/have completed my current period of employment on:
Name of New Employer:
Employment Start Date: Employment End Date:
Job Title: Part Time or Full Time?

Accommodation Arrangements

My Current Address is:
Owner of Property:

Will you be accommodated at the above address for the duration of the work permit requested? YES NO

If not accommodated at the above address for the duration of the work permit please state –

Address of new accommodation:
Owner of property:

Dependants (Family Members)

Has there been any change in your marital status or in the number of dependants living with you in the Falkland Islands since your last permit was issued? YES NO

If YES, please give details of all dependants presently with you in the Islands (*continue on a separate sheet if necessary*):

Will any of your children attain the age of 18 years during the currency of your new Work Permit? YES NO

If YES, please give details (*continue on a separate sheet if necessary*):

(It should be noted that any child attaining the age of 18 years will be required to obtain a Residence Permit or a Work Permit in their own right)

Medical Fitness

Have you, or any member/s of your family, previously had an FIG immigration medical examination or employment medical examination? YES NO

If YES, please specify the type of medical, and when you/they had the medical/s (*continue on a separate sheet if necessary*):

Name Date

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Has there been any significant change in your health, or in that of any of your family members, since your last work permit was issued? YES NO

If there has been any significant change in your health, or that of any of your family members, since your last work permit was issued, or if you have never had an FIG immigration medical examination or employment medical examination, please answer the following questions:

Have you, or any member of your family, had or currently got any significant medical condition? YES NO

Are you, or any member of your family, receiving medical treatment, including medicines of any sort? YES NO

Are you, or any member of your family, aware of any medical condition you have that may require further treatment? YES NO

If you answered YES to any of the above questions, please provide brief details below, including the names of any medicines you may be taking (*continue on a separate sheet if necessary*):

Criminal Offences

Have you or any family member/s been convicted of any criminal offences since your last Work Permit was issued? YES NO

If YES, please give details (*continue on a separate sheet if necessary*):

Can you confirm that the declaration made in your original application form, as to criminal offences of which you and any dependants have been convicted, was correct? YES NO

You are reminded that for the purposes of Falkland Islands immigration procedures you must declare any offence of which you, or any of your dependants, have been convicted in the Falkland Islands or elsewhere, *including* motoring offences (except parking offences) and *including* any offences of which you were convicted as a juvenile and *including* any offences which for other purposes might, by law, be regarded as spent or rehabilitated

If NO, please give details (*continue on a separate sheet if necessary*):

DECLARATION AND AUTHORISATION

- I understand the questions on this form and confirm that the information provided is true and correct
- I understand that the Falkland Islands desire 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 hereby irrevocably authorise and consent to all relevant Police and Criminal Records Offices providing to the Immigration Office, Falkland Islands Government, full details of all previous convictions recorded against me (whether or not they are shown as 'spent').
- I undertake that if any relevant matter relating to this application changes, I will inform the Falkland Islands Customs and Immigration Department without delay.

Name in full

Date of birth Place of birth

Signed Date

Name Date

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You should return this form duly completed to the Immigration Officer, Stanley, Falkland Islands. Enquiries regarding this application form, or any other immigration matters, may also be made to the Immigration Officer, Stanley by telephone: (500) 27340, fax: (500) 27342 or e-mail to admin@customs.gov.fk (any documents e-mailed must contain the signature of the applicant and employer if it is a renewal of work permit with same employer)

Declarations by Employer (only to be completed in respect of renewal of work permit with same employer)

- a) I confirm that the details given in this form are true and correct insofar as I can verify the information personally.
- b) I will continue to be responsible for the repatriation of the employee and his family, and any connected expenses, as set out in the original Undertaking signed by me, should the need arise. **(delete this statement if you have not already provided the bond and sponsorship for this person).**
- c) I also confirm that the job has been advertised locally in accordance with immigration requirements and that there are no suitable local applicants available to fill this position. I confirm I am providing separately to the Immigration Officer a list of unsuccessful applicants.

Signed: Date: