

STATUTORY INSTRUMENTS.

S.I. No. 172 of 2015

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EMPLOYMENT PERMITS (TRUSTED PARTNER) REGULATIONS 2015

S.I. No. 172 of 2015

EMPLOYMENT PERMITS (TRUSTED PARTNER) REGULATIONS 2015

I, RICHARD BRUTON, Minister for Jobs, Enterprise and Innovation, in exercise of the powers conferred on me by sections 29 and 30 (as amended by sections 29 and 30 of the Employment Permits (Amendment) Act 2014 (No. 26 of 2014)) of the Employment Permits Act 2006 (No. 16 of 2006) (as adapted by the Enterprise, Trade and Innovation (Alteration of Name of Department and Title of Minister) Order 2011 (S.I. No. 245 of 2011)), hereby make the following regulations:

Part 1

PRELIMINARY

Citation

- 1. (1) These Regulations may be cited as the Employment Permits (Trusted Partner) Regulations 2015.
- (2) The Principal Regulations, the Employment Permits (Amendment) Regulations 2014 (S.I. No. 506 of 2014) and these Regulations may be cited together as the Employment Permits Regulations 2014 to 2015 and shall be construed together as one.

Commencement

2. These Regulations shall come into operation on 8 May 2015.

Interpretation

- 3. In these Regulations—
- "EEA contractor" means a contractor whose principal place of business is located within a Member State of the EEA;
- "Principal Regulations" means the Employment Permits Regulations 2014 (S.I. No. 432 of 2014);
- "Trusted Partner" means a person who has made an application under Part 2 and who the Minister has provided with a Trusted Partner Registration Number for use in subsequent employment permit applications;
- "Trusted Partner Registration" means registration pursuant to an application made under Part 2 whereby a person who will make an offer of employment, an employer, a connected person or an EEA contractor can provide the Minister with certain information required under the Principal Act in relation to their business, and as the case may be, connections or contract service agreements, in

Notice of the making of this Statutory Instrument was published in "Iris Oifigiúil" of 8th May, 2015.

advance of such person, employer, connected person or EEA contractor making an application for an employment permit.

Part 2

Trusted Partner Registration

Application for Trusted Partner Registration

- 4. (1) Form A in Schedule 1 is prescribed for the purposes of making an application for Trusted Partner Registration.
- (2) The following information and documents are prescribed for the purpose of section 6(g)(i) of the Principal Act and shall be provided with an application for Trusted Partner Registration:
 - (a) where the person who will make the offer of employment, or, as the case may be, the EEA contractor or connected person, has not yet made returns to the Revenue Commissioners in respect of employees, a statement in writing provided by the Revenue Commissioners confirming registration with the Revenue Commissioners and stating the said person's ERN (Employer Registered Number),
 - (b) in the case of an employer, or where the person who will make the offer of employment, or, as the case may be, the EEA contractor or connected person, does not come under subparagraph (a), a copy of—
 - (I) a P30 returned to the Revenue Commissioners within the 3 month period preceding the application, or
 - (II) a receipt for such return, whether issued through ROS (Revenue Online Service) or otherwise,
 - (c) where the person who will make the offer of employment, or, as the case may be, the employer or the connected person is operating a restaurant or fast food outlet-
 - (I) if the establishment has been operating for one year or more, a copy of a "P35L" form returned by the person who will make the offer of employment, the employer or the connected person, to the Revenue Commissioners,
 - (II) an up-to-date tax clearance certificate in respect of the person who will make the offer of employment, the employer or the connected person,
 - (III) copies of utility bills for the establishment's premises dated within the period of 2 months prior to the application, and
 - (IV) a letter from the relevant official agency confirming that the person who will make the offer of employment, the employer or the connected person, has registered its premises in

accordance with Article 6 of Regulation (EC) No. 852/2004 of the European Parliament and of the Council of 29 April 2004¹ and Regulation 6 of the European Communities (Hygiene of Foodstuffs) Regulations 2006 (S.I. No. 369 of 2006),

- (d) where the person who will make the offer of employment or the employer is required to obtain permission from the Minister for Justice and Equality to operate a business in the State, a copy of the appropriate permission,
- (e) where the person who will make the offer of employment, or, as the case may be, the employer or the connected person has charitable status from the Revenue Commissioners, a letter from the Revenue Commissioners confirming that such person has such charitable status,
- (f) in respect of applications by connected persons, documentary evidence of the connection(s) between the connected person and the foreign employer(s), and
- (g) in respect of applications by EEA contractors, information and documentary evidence in relation to the contract service agreement(s) under which it is proposed that employees will be providing services.

Time period of Trusted Partner Registration

5. Trusted Partner Registration shall be for a period of 2 years, renewable by way of application pursuant to Regulation 6.

Application for renewal of Trusted Partner Registration

- 6. (1) Form B in Schedule 1 is prescribed for the purposes of making an application for renewal of a Trusted Partner Registration.
- (2) The following information and documents are prescribed for the purpose of section 6(g)(i) of the Principal Act and shall be provided with an application for renewal of a Trusted Partner Registration:
 - (a) a copy of a P30 returned to the Revenue Commissioners within the 3 month period preceding the application, or a receipt for such return, whether issued through ROS (Revenue Online Service) or otherwise, in respect of the person who will make the offer of employment, the employer, the connected person or the EEA contractor,
 - (b) where the person who will make the offer of employment, or, as the case may be, the employer or the connected person, is operating a restaurant or fast food outlet an up-to-date tax clearance certificate in respect of the person who will make the offer of employment, the employer or the connected person,

¹OJ No. L 191, 28.5.2004, p. 1.

- (c) where the person who will make the offer of employment or the employer is required to obtain permission from the Minister for Justice and Equality to operate a business in the State, a copy of the appropriate permission,
- (d) where the person who will make the offer of employment, or, as the case may be, the employer or the connected person has charitable status from the Revenue Commissioners, a letter from the Revenue Commissioners confirming that such person has such charitable status,
- (e) in respect of an application by a connected person, documentary evidence of the connection(s) between the connected person and the foreign employer(s), and
- (f) in respect of an application by an EEA contractor, information and documentary evidence in relation to the contract service agreement(s) under which it is proposed that employees will be providing services.

Part 3

GENERAL PROVISIONS FOR APPLICATIONS BY TRUSTED PARTNER FOR EMPLOYMENT PERMIT

Fees

7. The fees prescribed in Regulation 4 of the Principal Regulations, for the purposes of section 5(2) of the Principal Act, are applicable to applications by a Trusted Partner for the grant or renewal of an employment permit.

Application for grant of employment permit

- 8. (1) Notwithstanding Regulation 5(1) of the Principal Regulations, Forms A to I in Schedule 2 are prescribed for the purposes of applications by a Trusted Partner for the grant of the employment permits named therein.
- (2) Notwithstanding Regulation 5(2) of the Principal Regulations, and subject to compliance with the requirements of Part 2, the following information and documents are prescribed for the purpose of section 6(g)(i) of the Principal Act and shall be provided with an application by a Trusted Partner for the grant of an employment permit:
 - (a) a photograph of the foreign national in respect of whom the application is made, of the same size and form as the photograph required by the Minister for Foreign Affairs and Trade to be contained in a passport issued by that Minister to a citizen of the State,
 - (b) clear photocopies of the relevant pages of the passport of the foreign national in respect of whom the application is made, showing his or her picture, personal details, passport expiry date 12 months or more after the date of application, and his or her signature,

- (c) a clear photocopy of the current immigration stamp and visa, if applicable, of the foreign national in respect of whom the application is made or, if available, his or her Garda National Immigration Bureau pin,
- (d) in the case of an application for employment in a profession listed in Part A of Schedule 2 to the Principal Regulations, a copy of the registration of the foreign national in respect of whom the application is made with the appropriate regulatory body listed in that Schedule or, if available, his or her registration number, licence number or pin with that regulatory body,
- (e) in the case of an application for employment in a profession listed in Part B of Schedule 2 to the Principal Regulations, a copy of the registration or recognition of qualifications of the foreign national in respect of whom the application is made with the appropriate regulatory body or Minister of the Government listed in that Schedule,
- (f) in the case of an application for employment as a carer in a private home—
 - (i) copies of qualifications confirming that the foreign national in respect of whom the application is made is a trained medical professional in a profession listed in Part A of Schedule 2 to the Principal Regulations and a letter from a registered medical practitioner specialising in the area of illness of the person for whom the foreign national will be caring, confirming that that person has a severe medical condition, or
 - (ii) a copy of a P60, payslips, a notarised letter or an affidavit establishing that the foreign national in respect of whom the application is made has a long history of caring for the person concerned and a letter from a registered medical practitioner specialising in the area of illness of the person for whom the foreign national will be caring confirming that that person has special care needs,
- (g) in the case of an application for employment in a restaurant or fast food outlet—
 - (I) copies of any certified qualifications of the foreign national in respect of whom the application is made, and
 - (II) in the case of an application for a Critical Skills Employment Permit, General Employment Permit, Sport and Cultural Employment Permit or Intra-Company Transfer Employment Permit, in respect of an employment as an executive chef, head chef, sous chef or specialist chef specialising in cuisine originating from a state that is not a Member State of the EEA, a statement from the person who makes the offer of employment, or the connected person, confirming that

foreign national in respect of whom the application is made shall be employed in an establishment other than a fast food outlet.

Application for renewal of employment permit

- 9. (1) Notwithstanding Regulation 6(1) of the Principal Regulations, Forms J to O in Schedule 2 are prescribed for the purposes of applications by a Trusted Partner for the renewal of the employment permits named therein.
- (2) Notwithstanding Regulation 6(2) of the Principal Regulations, and subject to compliance with the requirements of Part 2, the following information, documents and evidence are prescribed for the purpose of section 20(4A) of the Principal Act and shall be provided with an application by a Trusted Partner for the renewal of an employment permit:
 - (a) a photograph of the holder of the same size and form as the photograph required by the Minister for Foreign Affairs and Trade to be contained in a passport issued by that Minister to a citizen of the State.
 - (b) clear photocopies of the relevant pages of the holder's passport, showing his or her picture, personal details, a passport expiry date of 3 months or more after the date of application for renewal and his or her signature,
 - (c) a clear photocopy of the holder's current immigration stamp and visa if applicable, or, if available, his or her Garda National Immigration Bureau pin,
 - (d) a copy of 3 recent payslips of the holder dated within the 4 month period prior to the application,
 - (e) a copy of the P60 issued in respect of the holder for each year that he or she has been employed pursuant to the employment permit, or, if the P60 is not available, the P21 issued in respect of the holder,
 - (f) in the case of an application for employment in a profession listed in Part A of Schedule 2 to the Principal Regulations, a copy of the holder's registration with the appropriate regulatory body listed in that Schedule or, if available, his or her registration number, licence number or pin with that regulatory body,
 - (g) in the case of an application for employment in a profession listed in Part B of Schedule 2 to the Principal Regulations, a copy of the holder's registration with, or recognition of qualifications by, the appropriate regulatory body or Minister of Government listed in that Schedule, and
 - (h) in the case of an application for employment in a restaurant or fast food outlet an up-to-date tax clearance certificate in respect of the employer or the connected person.

Declarations

10. The Minister may, subject to a right of verification in all cases, consider any requirement specified in the Principal Act or these Regulations to be satisfied by a declaration made by the relevant parties in the applicable application form set out in Schedules 1 and 2, or in such other form as may be provided or required for that purpose by the Minister.

Part 4

Additional information and documents required for specific Employment Permit types

Documentation required for grant of Dependant/Partner/Spouse Employment Permit

- 11. (1) In addition to the information and documents prescribed under Regulation 8(2) for the purpose of section 6(g)(i) of the Principal Act, the documents prescribed under Regulation 21(1) of the Principal Regulations shall be provided with an application by a Trusted Partner for the grant of a Dependant/Partner/Spouse Employment Permit to a foreign national referred to in section 3C(2) of the Principal Act.
- (2) In addition to the information and documents prescribed under Regulation 8(2) for the purpose of section 6(g)(i) of the Principal Act, the documents prescribed in Regulation 21(2) of the Principal Regulations shall be provided with an application by a Trusted Partner for the grant of a Dependant/Partner/Spouse Employment Permit to a foreign national referred to in section 3C(3) of the Principal Act.

Documentation required for renewal of Dependant/Partner/Spouse Employment Permit

- 12. (1) In addition to the information, documents and evidence prescribed under Regulation 9(2) for the purpose of section 20(4A) of the Principal Act, an application by a Trusted Partner for the renewal of a Dependant/Partner/Spouse Employment Permit granted to a foreign national referred to in section 3C(2) of the Principal Act shall be accompanied by the documents referred to in Regulation 22(1) of the Principal Regulations.
- (2) In addition to the information, documents and evidence prescribed under Regulation 9(2) for the purpose of section 20(4A) of the Principal Act, an application by a Trusted Partner for the renewal of a Dependant/Partner/Spouse Employment Permit granted to a foreign national referred to in section 3C(3) of the Principal Act shall be accompanied by the documents referred to in Regulation 22(2) of the Principal Regulations.

Documentation and information required for grant of General Employment Permit

13. Where a notice of offer of employment has, in accordance with section 10A of the Principal Act, been required to be published, in addition to the information and documents prescribed under Regulation 8(2) for the purpose of section 6(g)(i) of the Principal Act, the information and documents referred

to in Regulation 28 of the Principal Regulations shall be provided with an application by a Trusted Partner for the grant of a General Employment Permit.

Remuneration documentation required for application for renewal of Intra-Company Transfer Employment Permit

14. In addition to the information, documents and evidence prescribed in Regulation 9(2), the documentation referred to in Regulation 36 of the Principal Regulations shall be provided with an application by a Trusted Partner for the renewal of an Intra-Company Transfer Employment Permit.

Documentation and information required for grant of Contract for Services Employment Permit

15. Where a notice of offer of employment has, in accordance with section 10A of the Principal Act, been required to be published, in addition to the information and documents prescribed under Regulation 8(2) for the purpose of section 6(g)(i) of the Principal Act, the information and documents referred to in Regulation 41(b) of the Principal Regulations shall be provided with an application by a Trusted Partner for the grant of a Contract for Services Employment Permit.

Remuneration documentation required for application for renewal of Contract for Services Employment Permit

16. In addition to the information, documents and evidence prescribed under Regulation 9(2), the documentation referred to in Regulation 44 of the Principal Regulations shall be provided with an application by a Trusted Partner for the renewal of a Contract for Services Employment Permit.

Documentation required for grant of Reactivation Employment Permit

17. In addition to the information and documents prescribed under Regulation 8(2), an application by a Trusted Partner for the grant of a Reactivation Employment Permit shall be accompanied by the evidence referred to in Regulation 49 of the Principal Regulations.

Documentation required for grant of Exchange Agreement Employment Permit 18. In addition to the information and documents prescribed under Regulation 8(2), an application by a Trusted Partner for the grant of an Exchange Agreement Employment Permit shall be accompanied by the documentation referred to in Regulation 54 of the Principal Regulations.

Documentation required for grant of Internship Employment Permit

19. In addition to the information and documents prescribed under Regulation 8(2), an application by a Trusted Partner for the grant of an Internship Employment Permit shall be accompanied by the documentation referred to in Regulation 62 of the Principal Regulations.

Schedule 1

Forms — Trusted Partner Registration

Form A

Application form for Trusted Partner Registration



An Roinn Post, Fiontar agus Nuálaíochta Department of Jobs, Enterprise and Innovation TPREG001/15

Trusted Partner New Application

This form should be used by Persons who will make an offer of employment, Employers, Connected Persons or EEA Contractors who wish to apply for Trusted Partner status for the purposes of future Employment Permit applications.

Before completing this form, please read the relevant information which is available on our website. Complete ALL parts of this form as required in BLOCK CAPITALS. The Person who will make the offer of employment, the Employer, the Connected Person or the EEA Contractor and the agent (if applicable), must sign the declarations at the end of the form.

Incomplete forms will be returned.

Part One

Registration Details of the Person who will make the offer of employment/Employer/Connected

		Person/EE	A Contractor
Employer Registered Nu	mber:		Obtained from the Revenue Commissioners
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3. Business Name Register Number (if applicable):	red		Obtained from the Companies Registration Office
4. If the Person who has m the offer of employment / Employer / Connected Per a Charity, please supply th Charity Number:	son is		Obtained from the Revenue Commissioners
5. If the Person who will m the offer of employment / Employer/ Connected Pers EEA Contractor is an Indus and Provident Society, a Friendly Society or a Trade Union, please supply their Registration Number:	on / strial		Obtained from the Registry of Friendly Societies
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type of entity it is:			
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	opposite the sections	Page 1	
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You must now attach the documents outlined in Requirement for Supporting Documentation under "(A) Requirements for Person who will make the offer of employment/Employer/Connected Person / EEA Contractor

Part Two

Details of Connections between the Connected Person and Foreign

Employers

In order to be eligible for an Intra-Company Transfer Employment Permit there must be a connection, as defined in the Employment Permits Act 2006, as amended, between the Connected Person and the Foreign Employer.

The eligible connections are defined as follows:

- the connected person must be a subsidiary of the foreign employer, or
- the foreign employer must be a subsidiary of the connected person, or the connected person and the foreign employer must both be subsidiaries of a holding company that carries on business in the State or outside the State, or
- (d) the connected person and the foreign employer must have entered into an agreement with another person whereby each of them agree to carry on business or provide services with each other in more than one state and to carry on business or provide services in the manner provided for in the agreement.

The term subsidiary above has the meaning assigned to it by section 155 of the Companies Act 1963.

1. For the purposes of future Intra-Company Transfer Employment Permit applications please provide details of relevant connections

Company/Business Name	Registered Address
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Nature of the link:	BLOCK CAPITALS
Company/Business Name	Registered Address
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Nature of the link: Part Three Details of Contract Service Agreements for Connect Person	Company/Business Name	Registered Address
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Part Four

Acceptance of Terms & Conditions

Declaration of Person who will make the offer of employment / Employer / Connected Person / **EEA Contractor**

I, , hereby apply to the Department of Jobs, Enterprise and Innovation to become a Trusted Partner for the purposes of applying for Employment Permits. I declare that all of the particulars and information given in this application form are true and accurate and relate to my company/business. I understand the importance of being a Trusted Partner of the Department of Jobs, Enterprise and innovation and accept that if I do not comply fully with the declarations declared below, that the status of Trusted Partner will be removed.

I understand that, in accordance with Section 25 of the Employment Permits Act 2006 as amended, a person who furnishes to the Minister, on an application under section 4 or 20 of the Employment Permits Act 2006 as amended, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

I, hereby solemnly declare that the Person who will make the offer of employment/Employer/Connected Person/EEA Contractor:

- has not been convicted of an offence under the Employment Permits Acts, the immigration Act 2004 or any of the Employment Rights Legislation specified in Schedule 1 of the Employment Permits Act 2006 as amended in the last 5 years;
- will be fully compliant with Employment Permits Legislation;
- will bestow the full benefit of all the relevant Irish Employment Rights Legislation to all employees employed in the State, carrying out duties or providing a service in the State, including those who hold an Employment Permit, as required;
- will abide by the terms and conditions of the Protection of Young Persons (Employment) Act, 1996 in respect of all employees employed in the State, carrying out duties or providing a service in the State and being under the age of 18, including those who hold an employment permit;
- will undertake to notify the Department of Jobs, Enterprise and Innovation immediately of any changes which may occur to the company/business, including changes to the structure, during the period of registration;
- will undertake to notify the Department of Jobs, Enterprise and Innovation if any changes to the terms and conditions of an Employment Permit holder's employment occur, including remuneration; and if granted Trusted Partner status, will undertake to keep the Trusted Partner Unique Identifier Registration Number granted
- to me secure at all times and take all reasonable steps to ensure no fraudulent use of it occurs.

I, further solemnly declare that in any future applications for employment permits the Person who has made the offer of employment/Employer/Connected Person/EEA Contractor:

- will take such reasonable steps to satisfy themselves that:
 - the qualifications, skills and experience attained by the foreign national who is the subject of the employment permit application are true and that they correspond with and are relevant to the position on
 - the foreign national who is the subject of the employment permit applications is a fully accredited member of the relevant professional body for the position on offer (if applicable);
- will ensure that a job offer has been made to the foreign national who is the subject of an employment permit application within 90 days of the date of that employment permit application;
- will ensure that information provided on an employment permit application in respect of employees made redundant from the specific employment within the last 6 months is true and accurate;
- will ensure that the holders of Employment Permits will be paid, at a minimum, the annual remuneration stated on the Employment Permit;
- where I am the Person who has made the offer of employment/Employer in respect of employment permit
 - will guarantee that the appropriate deductions under the PAYE system will be made from all payments (including benefits-in-kind) made to all employees, including employment permit holders, and that all such deductions will be paid to the Revenue Commissioners;
 - where the application is in respect of a Critical Skills Employment Permit that a job offer of 2 years, or more, has been made to the foreign national who is the subject of the employment permit application;
 - the foreign national who is the subject of the employment permit application will be employed, salaried and paid under an employment contract governed by the laws of the State by me;
 - if the application is in respect of an employment as a Carer in a private home and an employment permit is granted, I will have no objection to an inspector from the National Employment Rights Authority (NERA) visiting the premises where employment is being carried out and to speak to me and the employee should the need arise
- where I am the Connected Person and the application is in respect of an Intra-Company Transfer Employment Permit:
 - the foreign national who is the subject of the employment permit application has been employed by the Foreign Employer named on the employment permit application for a minimum period of six months;
 - the Foreign National who is the subject of the employment permit application will continue to be employed, salaried and paid under an employment contract outside the State by the Foreign Employer named on the employment permit application;
 - the Foreign National who is the subject of the employment permit application will be performing duties or undergoing training in the State that arise out of the intra-Company Transfer arrangement between the Foreign Employer named on the employment permit application and me and I understand that the Foreign National will be returning to his/her employment outside the State with the Foreign Employer after the completion of the duties or training with me;
 - in cases where I am assuming responsibility for the provision of board and accommodation (or either of

them) and health insurance in respect of the Foreign National that;

- appropriate board and accommodation (or either of them) will be provided for the Foreign National while he or she is in the State to carry out duties for, or participate in a training programme provided by me,
- appropriate Health Insurance will be provided in respect of the Foreign National should be
 or she require medical treatment for illness or injury during the period for which he or she
 will be in the State pursuant to the employment permit; and
- where a person outside the State provides insurance for medical treatment in respect of the Foreign National, the health insurance has the same, or similar, effect as the health insurance provided by a health insurer entered in the Register of Health Benefits Undertakings referred to in section 14 of the Health4 Insurance Act 1994;
- where I am the EEA Contractor and the application is in respect of a Contract for Services Employment Permit:
 - the Foreign National the subject of the employment permit application has been employed by me for a minimum of six months prior to the application;
 - where the foreign salary, currently paid to the Foreign National who is the subject of the employment permit application, does not meet the Irish National Minimum Wage hourly rate of pay or an hourly rate of pay fixed under or pursuant to any other enactment that applies to the employment concerned, I undertake to make an additional payment to achieve at least the National Minimum Wage hourly rate or the hourly rate fixed under or pursuant to any other enactment and that this amount will appear on the foreign national's payslip for the duration of their assignment in the State;
 - the Foreign National the subject of the employment permit application will continue to be employed, salaried and paid under an employment contract outside the State by me, the EEA Contractor, as stated in Part 1 of this application form;
 - the Foreign National the subject of the employment permit application will be fully tax compliant in the State for the duration of the Foreign National's stay in Ireland;
 appropriate board and accommodation (or either of them) will be provided for the Foreign National while
 - appropriate board and accommodation (or either of them) will be provided for the Foreign National while he or she is in the State to carry out the duties as part of the contract service agreement,
 - appropriate Health Insurance will be provided in respect of the Foreign National should he or she require medical treatment for illness or injury during the period for which he or she will be in the State pursuant to the employment permit; and
 - where the insurance for medical treatment in respect of the Foreign National is provided by a health insurance provider outside the State, the health insurance has the same, or similar, effect as the health insurance provided by a health insurer entered in the Register of Health Benefits Undertakings referred to in section 14 of the Health Insurance Act 1994;
 - the Foreign National will be returning to my overseas place of employment after the completion of the duties as part of the contract service agreement.

I understand and accept that:

- in accordance with Section 23 of the Employment Permits Act 2006, as amended, I may not make any deductions from the remuneration of, or seek to recover from, the holder of any employment permit any charge, fee or expense arising out of or concerning one or more of the following:
 - the application for the employment permit or the renewal of the permit or any matter relating to or concerning such an application or the grant or renewal of the permit.
 - concerning such an application or the grant or renewal of the permit;
 the recruitment of the holder for the employment in respect of which the application was made, if applicable; or
 - any amount previously paid to the holder in respect of travelling expenses incurred by the holder in connection with taking up the employment in the State, if applicable;
- in accordance with Section 24 (1) of the Employment Permits Act 2006, as amended, should the employment in the State of any employment permit holders cease, the permits and any copies thereof will be returned immediately to the Department of Jobs, Enterprise and Innovation;
- neither I, nor a person acting on the company's/business' behalf, shall keep any personal document belonging to a holder of an employment permit.

Signature of Person who will make the offer of employment / Employer / Connected Person / EEA Contractor: (Original signature required*)			
Name (in BLOCK CAPITALS):	BLOCK CAPITALS	Date:	D M M Y Y
	ust be that of the Company Secretary, ry the signature must be that of a Person of Pro signature must be that of one of the business of		lance.
Applications from recruitment agencies, another company will not be accepted.	agents, intermediaries or companies who inter	nd to outsource or subcor	ntract the employee to work in

If the Person who will make the offer of employment/Employer/Connected Person/EEA Contractor does not wish to nominate an agent then this section can be left blank. Nomination of Agent If you (the Person who will make the offer of employment/Employer/Connected Person/EEA Contractor) wish a third party (agent) to act on your behalf in future employment permit applications please ensure the following details are completed. Agent Name (in BLOCK CAPITALS): Agent's Signature: Date: (Original signature required) Agent's Address for Correspondence: Address 1: Address 2: Town: County: Country: E-mail address: Telephone number: I, the Person who will make the offer of employment/Employer/Connected Person/EEA Contractor, have instructed the above named agent of the terms and conditions it must comply with on my behalf and I permit the agent to act on my behalf in respect of future **Employment Permit applications.** Signature of Person who will make the offer of employment / Employer / Connected Person / EEA Contractor: Date: (Original signature required*) *For limited companies the signature must be that of the Company Secretary. For an Irish branch of a foreign company the signature must be that of a Person of Process or Person of Compliance. For Sole Traders, Partnerships, etc. the signature must be that of one of the business owners.

Requirements for Supporting Documentation

(A) Requirements for Person who will make the offer of employment/Employer/Connected Person/EEA Contractor

All applicants MUST submit clear copies of the following documentation:

- Copy of P30 returned to the Revenue Commissioners within the 3 months preceding this application or a receipt for such return whether issued through ROS (Revenue Online Service) or otherwise, or
- If the Person who will make the offer of employment/Employer/Connected Person/EEA Contractor is a start-up Company or a
 Person who would not yet have made returns to the Revenue Commissioners in respect of employees, a copy of an official letter
 from Revenue confirming registration as an employer, date of registration and the ERN (Employers Registered Number).
- A copy of an official letter from the Revenue Commissioners confirming charitable status of the Person who will make the offer of employment/Employer/Connected Person, if requesting a waiver of the fee for future employment permit applications on the basis of your charitable status.

Business Permission

If the Person who will make the offer of employment/Employer/Connected Person has indicated that they are a foreign national operating a business in the State, they are required to submit copies of documentary evidence from the Minister for Justice and Equality clearly demonstrating their status within the State and their entitlement to operate a business in the State.

If the Person who will make the offer of employment, Employer or the Connected Person is operating a business of a restaurant, or a fast food outlet

If the application is in respect of a Person who will make an offer of employment, Employer or a Connected Person who is operating a restaurant or a fast food outlet the following additional information is required:

- If the establishment has been operating for one year or more, a copy of a "P35L" form returned by the Person who has made the offer of employment, Employer or Connected Person to the Revenue Commissioners,
- an up-to-date tax clearance certificate in respect of the Person who has made the offer of employment, Employer or Connected Person.
- o copies of utility bills for the establishment's premises dated within the period of 2 months prior to the application, and
- a letter from the relevant Local Health Authority confirming that the Person who has made the offer of employment, Employer, Connected Person has been granted permission to operate a restaurant at the premises.

Additional documentation

The Minister may request such other information as might materially assist in making a decision on an application.

(B) Requirements for Connected Person

All Connected Persons MUST submit the following documentation:

. Evidence of the connections between the Connected Person and the listed Foreign Employers.

(C) Requirements for EEA Contractor

All EEA Contractors MUST submit the following documentation:

Evidence of the contract service agreement(s) between the EEA Contractor and the listed Relevant Persons.

(D) Declaration

Data Sharing and Data Protection

The Employment Permits Section may undertake verification of all data submitted on this application form. The Person who will make the offer of employment/Employer/Connected Person/EEA Contractor is advised that in signing this application form they consent to allow the Employment Permits Section to share and request data as necessary, for the sole purpose of verifying the information submitted, between relevant Government Departments and Agencies.

The signatories to this application may find further information concerning data sharing and the obligations of Data Controllers on the Data Protection Commissioner's website at www.dataprotection.ie. Alternatively, they may call: (057) 868 4800 / Lo-Call Number: 1890 252231.

Please note that all successful applicants for Trusted Partner Registration may be applicable to an inspection by the National Employment Rights Authority (NERA) during their period of registration. Relevant documents will have to be provided as part of this inspection. Under Section 16 (d) of the Employment Permits Act 2006, as amended, the Minister may revoke an employment permit if, in the opinion of the Minister, any information provided in respect of the application for it was false or misleading in a material respect.

In accordance with Section 25 of the Employment Permits Act 2006, as amended a person who furnishes to the Minister, on an application under section 4 or 20, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

Furthermore, in accordance with Section 32 (1) of the Employment Permits Act 2006, as amended, a person guilty of an offence under section 18(2), 19(3), 23(4) or 25 is liable—

- (a) on summary conviction, to a fine not exceeding €5,000 or imprisonment for a term not exceeding 12 months or both, or
- (b) on conviction on indictment, to a fine not exceeding €50,000 or imprisonment for a term not exceeding 5 years or both.

Please note: With effect from 2003, the names of all employers who employ employment permit holders, as well as the number of permits issued to that employer, are made publicly available on the Department's website.

Application Form Checklist

Please ensure that the application form is completed correctly. The following checklist should be used to ensure that all required information/documentation is provided. Incomplete application forms will be returned.

Part One Person who will make the offer of employment/Employer/Connected Person/EEA Contractor Details: Complete <u>all</u> questions

Persons who will make the offer of employment/Employers/Connected Persons/EEA Contractors should include copies of:

- Completed P30/ROS Online.
- Letter from Revenue Commissioners confirming registration as an employer.
- A copy of an official letter from the Revenue Commissioners confirming charitable status of the Person who will make the offer of employment/Employer/Connected Person, if applicable.
- Copies of documentary evidence from the Minister for Justice and Equality clearly demonstrating their status within the State and their entitlement to operate a business in the State, if the Person who will make the offer of employment/Employer/Connected Person is a non-EEA national operating a business in the State.
- Copies of the following documentation if the application is in respect of a Person who will make an offer of employment, Employer or a
 Connected Person who is operating a restaurant or a fast food outlet:
 - if the establishment has been operating for one year or more, a copy of a "P35L" form returned by the Person who has made the
 offer of employment, Employer or Connected Person to the Revenue Commissioners,
 - an up-to-date tax clearance certificate in respect of the Person who has made the offer of employment, Employer or Connected Person.
 - o copies of utility bills for the establishment's premises dated within the period of 2 months prior to the application,
 - copies of any certified qualifications of the Foreign National in respect of whom the application is made, and
 - a letter from the relevant Local Health Authority confirming that the Person who has made the offer of employment, Employer or Connected Person has been granted permission to operate a restaurant at the premises.

Part Two Details of Connections between the Connected Person and Foreign Employers

Connected Persons should include copies of:

Evidence of the connections between the Connected Person and the listed Foreign Employers.

Part Three Details of Contract Service Agreements between the EEA Contractor and Relevant Persons

EEA Contractors should include copies of:

· Evidence of the contract service agreements between the EEA Contractor and the listed Relevant Persons.

Part Four Acceptance of Terms & Conditions: Sign and date the appropriate declarations - original signatures required

EMPLOYMENT PERMITS SECTION

Contact Details

E-mail: employmentpermits@djei.ie

Call Centre: 353-1-417 5333

LoCall: 1890 201 616

(from within Ireland only)

Fax: 353-1-631 3268

Address: Davitt House

65a Adelaide Road Dublin 2

Ireland

Employment Permits Section Web pages

Information and application forms may be downloaded from the Employment Permits Section web pages on the Department of Jobs,

Enterprise and Innovation's website.

Application form for renewal of Trusted Partner Registration



TPRREG001/15

Trusted Partner Renewal Application

This form should be used by Persons who will make an offer of employment, Employers, Connected Persons or EEA Contractors who wish to apply for a renewal of their Trusted Partner Status for the purposes of future Employment Permit applications.

Before completing this form, please read the relevant information which is available on our website. Complete ALL parts of this form as required in BLOCK CAPITALS. The Person who will make the offer of employment, the Employer, the Connected Person or the EEA Contractor and the agent (if applicable), must sign the declarations at the end of the form.

Incomplete forms will be returned.

Trusted Partner Registration Number: (Obtained from the Department of Jobs, Enterprise and Innovation)	9	5	0								
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Part One

Registration Details of the Person who will make the offer of employment/Employer/Connected

1. Employer Registered Number:		Obtained from the Revenue Commissioners
Company Name Registered Number (if applicable):		Obtained from the Companies Registration Office
3. Business Name Registered Number (if applicable):		Obtained from the Companies Registration Office
4. If the Person who has made the offer of employment / Employer / Connected Person is a Charity, please supply the Charity Number:		Obtained from the Revenue Commissioners
5. If the Person who will made the offer of employment / Employer/ Connected Person / EEA Contractor is an Industrial and Provident Society, a Friendly Society or a Trade Union, please supply their Registration Number:		Obtained from the Registry of Friendly Societies
Compa If the Person who will make the Limite	any, please complete Questio	er/Connected Person/EEA Contractor is a to Question 10.
6. If the Person who will make the offer of extype of entity it is:	mployment/Employer/Connected Per	rson is not a registered company, please indicate what
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7. Please state the full name of the Person vemployment/Employer/Connected Person:	who will make the offer of	DEOCK CAPITALE
8. Please state the nationality of the Person employment/Employer/Connected Person:	who will make the offer of	BLOCK CAPITALE

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Part Two

Details of Connections between the Connected Person and Foreign Employers

In order to be eligible for an Intra-Company Transfer Employment Permit there must be a connection, as defined in the Employment Permits Act 2006, as amended, between the Connected Person and the Foreign Employer.

The eligible connections are defined as follows:

- (a) the connected person must be a subsidiary of the foreign employer, or
- (b) the foreign employer must be a subsidiary of the connected person, or
- (c) the connected person and the foreign employer must both be subsidiaries of a holding company that carries on business in the State or outside the State, or
- (d) the connected person and the foreign employer must have entered into an agreement with another person whereby each of them agree to carry on business or provide services with each other in more than one state and to carry on business or provide services in the manner provided for in the agreement.

The term subsidiary above has the meaning assigned to it by section 155 of the Companies Act 1963.

1. For the purposes of future Intra-Company Transfer Employment Permit applications please provide details of relevant connections

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Company/Business Name	Registered Address
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TPRREG001/15

Name of Relevant Person	Address of Relevant Person (Irish Entity): (Place at which the employment concerned, in respect of the Contract Service Agreement, is to be carried out)
BLOCK(CAPITALS	BLOCK CAPITALS
L	BLOCK CAPITALS
	BLOCK CAPITALE
	SLOCK CAPITALS
Start Date of Contract:	End Date of Contract.
Description of Contract Service Agreement:	BLOCK CAPITALS
You must now attach the documents outlined in R	equirement for Supporting Documentation under "(C) Requirements for EEA Contractor"
	Page 9 TPRREG001/15

Part Four

Acceptance of Terms & Conditions

Declaration of Person who will make the offer of employment / Employer / Connected Person / **EEA Contractor**

I, , hereby apply to the Department of Jobs, Enterprise and Innovation to renew my Trusted Partner status for the purposes of applying for Employment Permits. I declare that all of the particulars and information given in this application form are true and accurate and relate to my company/business. I understand the importance of being a Trusted Partner of the Department of Jobs, Enterprise and Innovation and accept that if I do not comply fully with the declarations declared below, that the status of Trusted Partner will be removed.

I understand that, in accordance with Section 25 of the Employment Permits Act 2006 as amended, a person who furnishes to the Minister, on an application under section 4 or 20 of the Employment Permits Act 2006 as amended, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

I, hereby solemnly declare that the Person who will make the offer of employment/Employer/Connected Person/EEA Contractor:

- has not been convicted of an offence under the Employment Permits Acts, the immigration Act 2004 or any of the Employment Rights Legislation specified in Schedule 1 of the Employment Permits Act 2006 as amended in the last 5 years;
- will be fully compliant with Employment Permits Legislation;
- will bestow the full benefit of all the relevant Irish Employment Rights Legislation to all employees employed in the State, carrying out duties or providing a service in the State, including those who hold an Employment Permit, as required;
- will abide by the terms and conditions of the Protection of Young Persons (Employment) Act, 1996 in respect of all employees employed in the State, carrying out duties or providing a service in the State and being under the age of 18, including those who hold an employment permit;
- will undertake to notify the Department of Jobs, Enterprise and Innovation immediately of any changes which may occur to the company/business, including changes to the structure, during the period of registration;
- will undertake to notify the Department of Jobs, Enterprise and Innovation if any changes to the terms and conditions of an Employment Permit holder's employment occur, including remuneration; and if granted Trusted Partner status, will undertake to keep the Trusted Partner Unique Identifier Registration Number granted
- to me secure at all times and take all reasonable steps to ensure no fraudulent use of it occurs.

I, further solemnly declare that in any future applications for employment permits the Person who has made the offer of employment/Employer/Connected Person/EEA Contractor:

- will take such reasonable steps to satisfy themselves that:
 - the qualifications, skills and experience attained by the foreign national who is the subject of the employment permit application are true and that they correspond with and are relevant to the position on
 - the foreign national who is the subject of the employment permit applications is a fully accredited member of the relevant professional body for the position on offer (if applicable);
- will ensure that a job offer has been made to the foreign national who is the subject of an employment permit application within 90 days of the date of that employment permit application;
- will ensure that information provided on an employment permit application in respect of employees made redundant from the specific employment within the last 6 months is true and accurate;
- will ensure that the holders of Employment Permits will be paid, at a minimum, the annual remuneration stated on the Employment Permit;
- where I am the Person who has made the offer of employment/Employer in respect of employment permit
 - will guarantee that the appropriate deductions under the PAYE system will be made from all payments (including benefits-in-kind) made to all employees, including employment permit holders, and that all such deductions will be paid to the Revenue Commissioners;
 - where the application is in respect of a Critical Skills Employment Permit that a job offer of 2 years, or more, has been made to the foreign national who is the subject of the employment permit application;
 - the foreign national who is the subject of the employment permit application will be employed, salaried and paid under an employment contract governed by the laws of the State by me;
 - if the application is in respect of an employment as a Carer in a private home and an employment permit is granted, I will have no objection to an inspector from the National Employment Rights Authority (NERA) visiting the premises where employment is being carried out and to speak to me and the employee should the need arise
- where I am the Connected Person and the application is in respect of an Intra-Company Transfer Employment Permit:
 - the foreign national who is the subject of the employment permit application has been employed by the Foreign Employer named on the employment permit application for a minimum period of six months;
 - the Foreign National who is the subject of the employment permit application will continue to be employed, salaried and paid under an employment contract outside the State by the Foreign Employer named on the employment permit application;
 - the Foreign National who is the subject of the employment permit application will be performing duties or undergoing training in the State that arise out of the intra-Company Transfer arrangement between the Foreign Employer named on the employment permit application and me and I understand that the Foreign National will be returning to his/her employment outside the State with the Foreign Employer after the completion of the duties or training with me;
 - in cases where I am assuming responsibility for the provision of board and accommodation (or either of them) and health insurance in respect of the Foreign National that:

- appropriate board and accommodation (or either of them) will be provided for the Foreign National while he or she is in the State to carry out duties for, or participate in a training programme provided by me,
- appropriate Health Insurance will be provided in respect of the Foreign National should he or she require medical treatment for illness or injury during the period for which he or she will be in the State pursuant to the employment permit; and
- where a person outside the State provides insurance for medical treatment in respect of the Foreign National, the health insurance has the same, or similar, effect as the health insurance provided by a health insurer entered in the Register of Health Benefits Undertakings referred to in section 14 of the Health4 Insurance Act 1994;
- where I am the EEA Contractor and the application is in respect of a Contract for Services Employment Permit:
 - the Foreign National the subject of the employment permit application has been employed by me for a
 - minimum of six months prior to the application; where the foreign salary, currently paid to the Foreign National who is the subject of the employment permit application, does not meet the Irish National Minimum Wage hourly rate of pay or an hourly rate of pay fixed under or pursuant to any other enactment that applies to the employment concerned, I undertake to make an additional payment to achieve at least the National Minimum Wage hourly rate or the hourly rate fixed under or pursuant to any other enactment and that this amount will appear on the
 - foreign national's payslip for the duration of their assignment in the State; the Foreign National the subject of the employment permit application will continue to be employed, salaried and paid under an employment contract outside the State by me, the EEA Contractor, as stated in Part 1 of this application form;
 - the Foreign National the subject of the employment permit application will be fully tax compliant in the State for the duration of the Foreign National's stay in Ireland; appropriate board and accommodation (or either of them) will be provided for the Foreign National while
 - he or she is in the State to carry out the duties as part of the contract service agreement,
 - appropriate Health Insurance will be provided in respect of the Foreign National should be or she require dical treatment for illness or injury during the period for which he or she will be in the State pursuant to the employment permit; and
 - where the insurance for medical treatment in respect of the Foreign National is provided by a health insurance provider outside the State, the health insurance has the same, or similar, effect as the health insurance provided by a health insurer entered in the Register of Health Benefits Undertakings referred to in section 14 of the Health Insurance Act 1994;
 - the Foreign National will be returning to my overseas place of employment after the completion of the duties as part of the contract service agreement.

I understand and accept that:

- in accordance with Section 23 of the Employment Permits Act 2006, as amended, I may not make any deductions from the remuneration of, or seek to recover from, the holder of any employment permit any charge, fee or expense arising out of or concerning one or more of the following:
 - the application for the employment permit or the renewal of the permit or any matter relating to or
 - concerning such an application or the grant or renewal of the permit; the recruitment of the holder for the employment in respect of which the application was made, if applicable; or
 - any amount previously paid to the holder in respect of travelling expenses incurred by the holder in connection with taking up the employment in the State, if applicable;
- in accordance with Section 24 (1) of the Employment Permits Act 2006, as amended, should the employment in the State of any employment permit holders cease, the permits and any copies thereof will be returned immediately to the Department of Jobs, Enterprise and Innovation;
- neither I, nor a person acting on the company's/business' behalf, shall keep any personal document belonging to a holder of an employment permit.

ignature of Person who will lake the offer of mployment / Employer / onnected Person / EEA ontractor: Original signature required*)								
ame (in BLOCK CAPITALS):	BLOCK CAPITALS	Date:	0	b	M	M	Υ	Y
or Sole Traders, Partnerships, etc. the	y the signature must be that of a Person of Pro signature must be that of one of the business agents, intermediaries or companies who inte	owners.				mpi	loyee	to work

Nomination of Agent	If the Person who will make the offer of employment/Employer/Connected Person/EEA Contractor does not wish to nominate an agent then this section can be left blank.					
If you (the Person who will make the offer of employment/Employer/Connected Person/EEA Contractor) wish a third party (agent) to act on your behalf in future employment permit applications please ensure the following details are completed.						
Agent Name						
(in BLOCK CAPITALS):	BLOCK CAPITALS					
Agent's Signature: (Original signature required)	Date: D D M M Y Y					
Agent's Address for Correspondence:						
Address 1:	BLOCK CAPITALS					
Address 2:	BLOCK CAPITALS					
Town:	BLOCK CAPITALS					
County:	BLOCK CAPITALS					
Country:	BLOCK CAPITALS					
E-mail address:						
Telephone number:						
agent of the terms and conditions it must c	oloyment/Employer/Connected Person/EEA Contractor, have instructed the above named omply with on my behalf and I permit the agent to act on my behalf in respect of future					
Employment Permit applications. Signature of Person who will						
make the offer of employment / Employer / Connected Person / EEA Contractor: (Original signature required*)	Date: D D M M Y Y					
	nature must be that of a Person of Process or Person of Compliance.					
For Sole Traders, Partnerships, etc. the signature	re must be that of one of the business owners.					

Requirements for Supporting Documentation

(A) Requirements for Person who will make the offer of employment/Employer/Connected Person/EEA Contractor

All applicants MUST submit clear copies of the following documentation:

- Copy of P30 returned to the Revenue Commissioners within the 3 months preceding this application or a receipt for such return whether issued through ROS (Revenue Online Service) or otherwise, and
- A copy of an official letter from the Revenue Commissioners confirming charitable status of the Person who will make the offer of employment/Employer/Connected Person, if requesting a waiver of the fee for future employment permit applications on the basis of your charitable status.

Business Permission

If the Person who will make the offer of employment/Employer/Connected Person has indicated that they are a foreign national operating a business in the State, they are required to submit copies of documentary evidence from the Minister for Justice and Equality clearly demonstrating their status within the State and their entitlement to operate a business in the State.

If the Person who will make the offer of employment, Employer or the Connected Person is operating a business of a restaurant, or a fast food outlet

If the application is in respect of a Person who will make an offer of employment, Employer or a Connected Person who is operating a restaurant or a fast food outlet the following additional information is required:

an up-to-date tax clearance certificate in respect of the Person who has made the offer of employment, Employer or Connected

Additional documentation

The Minister may request such other information as might materially assist in making a decision on an application.

(B) Requirements for Connected Person

All Connected Persons MUST submit the following documentation:

Evidence of the connections between the Connected Person and the listed Foreign Employers.

(C) Requirements for EEA Contractor

All EEA Contractors MUST submit the following documentation:

Evidence of the contract service agreement(s) between the EEA Contractor and the listed Relevant Persons.

(D) Declaration

Data Sharing and Data Protection

The Employment Permits Section may undertake verification of all data submitted on this application form. The Person who will make the offer of employment/Employer/Connected Person/EEA Contractor is advised that in signing this application form they consent to allow the Employment Permits Section to share and request data as necessary, for the sole purpose of verifying the information submitted, between relevant Government Departments and Agencies.

The signatories to this application may find further information concerning data sharing and the obligations of Data Controllers on the Data Protection Commissioner's website at www.dataprotection.ie. Alternatively, they may call (057) 868 4800 / Lo-Call Number: 1890 252231.

Please note that all successful applicants for Trusted Partner Registration may be applicable to an inspection by the National Employment Rights Authority (NERA) during their period of registration. Relevant documents will have to be provided as part of this inspection. Under Section 16 (d) of the Employment Permits Act 2006, as amended, the Minister may revoke an employment permit if, in the opinion of the Minister, any information provided in respect of the application for it was false or misleading in a material respect.

In accordance with Section 25 of the Employment Permits Act 2006, as amended a person who furnishes to the Minister, on an application under section 4 or 20, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence

Furthermore, in accordance with Section 32 (1) of the Employment Permits Act 2006, as amended, a person guilty of an offence under section 18(2), 19(3), 23(4) or 25 is liable

- (a) on summary conviction, to a fine not exceeding €5,000 or imprisonment for a term not exceeding 12 months or both, or
- (b) on conviction on indictment, to a fine not exceeding €50,000 or imprisonment for a term not exceeding 5 years or both.

Please note: With effect from 2003, the names of all employers who employ employment permit holders, as well as the number of permits issued to that employer, are made publicly available on the Department's website.

Application Form Checklist

Please ensure that the application form is completed correctly. The following checklist should be used to ensure that all required information/documentation is provided. Incomplete application forms will be returned.

Part One Person who will make the offer of employment/Employer/Connected Person/EEA Contractor Details: Complete all questions

Persons who will make the offer of employment/Employers/Connected Persons/EEA Contractors should include copies of:

- Completed P30/ROS Online
- A copy of an official letter from the Revenue Commissioners confirming charitable status of the Person who will make the offer of employment/Employer/Connected Person, if applicable.
- Copies of documentary evidence from the Minister for Justice and Equality clearly demonstrating their status within the State and their entitlement to operate a business in the State, if the Person who will make the offer of employment/Employer/Connected Person is a non-EEA national operating a business in the State.

Copies of the following documentation if the application is in respect of a Person who will make an offer of employment, Employer or a Connected Person who is operating a restaurant or a fast food outlet:

an up-to-date tax clearance certificate in respect of the Person who has made the offer of employment, Employer or Connected Person.

Part Two Details of Connections between the Connected Person and Foreign Employers

Connected Persons should include copies of:

Evidence of the connections between the Connected Person and the listed Foreign Employers.

Part Three Details of Contract Service Agreements between the EEA Contractor and Relevant Persons

EEA Contractors should include copies of:

Evidence of the contract service agreements between the EEA Contractor and the listed Relevant Persons.

Part Four Acceptance of Terms & Conditions: Sign and date the appropriate declarations - original signatures required

EMPLOYMENT PERMITS SECTION

Contact Details

employmentpermits@djei.ie E-mail:

Call Centre: 353-1-417 5333

LoCalt: 1890 201 616

(from within Ireland only)

353-1-631 3268 Fax:

Address: Davitt House

65a Adelaide Road Dublin 2

ireland

Employment Permits Section Web pages

Information and application forms may be downloaded from the Employment Permits Section web pages on the Department of Jobs.

Enterprise and Innovation's website.

Schedule 2

Forms — Trusted Partner Employment Permit Applications

Form A

Application form for grant of Critical Skills Employment Permit



TPCSEP001/15

Application by Trusted Partner for a **Critical Skills Employment Permit Application**

This form should be used where the Person who has made the offer of employment has been granted Trusted Partner status by the Department of Jobs, Enterprise and Innovation and has been issued with a Trusted Partner Registration Number and where they wish to apply for:

- an employment permit for an employment in respect of which there is a shortage in respect of the relevant qualifications, experience or skills which are required for the proper functioning of the economy and which employments are listed in Schedule 3 in the Principal Regulations, or
- all other employments with an annual remuneration of €60,000 or more, other than those employments for which an employment permit shall not be granted and which employments are listed in Schedule 4 in the Principal Regulations.

For permission to work in the State for a period of less than 90 days, the Atypical Working Scheme operated by the Department of Justice and Equality may be appropriate.

Complete ALL parts of this form as required in BLOCK CAPITALS. The Foreign National and the Agent (if applicable), must sign the declarations at the end of the form.

INCOMPLETE FORMS WILL BE RETURNED TO THE APPLICANT OR THE AUTHORISED AGENT (IF APPLICABLE).

Recent Passport Photograph

Please print Foreign National's name on back of photograph and staple here.

Who is applying for the permit (i.e. Who is the applica

The Person who has made the offer of employment must be the applicant for an employment permit under the Trusted Partner Initiative.

Health Professional

If this is an application for a Health Professional listed in Part A or Part B of Schedule 2 in the

Part One	Part One Trust		ed	Pa	art	ne	r D	et	ail	s	
1. Registered name of Company/ Business:											
Employer Registered Number: (obtained from the Revenue Commissioners)											
3.Trusted Partner Registration Number: (obtained from the Department of Jobs, Enterprise and Innovation)	9	5	0								
Number of EEA* and/or Swiss nationals (including Irish) currently employed by the Person who has made the offer of employment:		T	5		ployed	by th		son w		rently s made	
Is all of the information provided by the Person who has made the offer of employment in their application for Trusted Partner Registration still valid and in-date?	Yes.						No.				

TPCSEP001/15

Part Two				De	eta	ils	of	Fo	reig	n N	Vat	ion	al			
1. Passport Number:																
2. Expiry Date:	o 0	12	li.	Ÿ	Y					20.000		200100		25		
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4. First Name:					LTA			=	th		reign pass	Natio	ona	l's		
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5. Middle Name(s):		81.0	C.X.	CAR	TA	1.8										
6. Family Name:		BLO	CK	C/A I	HTA	ES.								_		
7. Date of Birth:	0 0	Ų.	И	Υ	Ÿ				8. Male:	L		9. Fem	nale:	L		
Current Address (foreign	ın address	requir	ed if r	esidin	g outs	ide th	e State):									3
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Address 2:							SLOC	K EAT	FITAL							
Town:						-	SLOC	K OA	TITAL	-						
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Final Subjects Taken:	BLOCK CAPITALS	BLOCK CAPITALS
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Result Achieved: e.g. 2.1		
Has the Foreign National pre State?	viously made an application for asylum in the	Yes No
. Has the Foreign National sou previous ?	ight permission to land in the State on a	Yes No
If 'Yes' please describe on indicate whether or not per	what basis the permission was sought and mission was granted:	BLOCK CAPITALS
	BLOCK CAPITALS	
. Has the Foreign National bee permission?	en in the State on a previous occasion without	Yes No
. Is the Foreign National curre	ntly employed in the State?	Yes No
If 'Yes' please describe on	what permission they have to be employed:	BLOCK CAPITALS
	BLOCK CAPITALS	
. Has the Foreign National bee	en employed in the State previously?	Yes No
If 'Yes' please describe on	what permission they had to be employed:	BLOCK CAPITALS
	BLOCK CAPITALS	
is the Foreign National marrie EEA national?	ed to, or in a civil partnership with, an Irish or	Yes No
If 'Yes' what nationality is t	heir spouse/partner?	BLOCK CAPITALS
. Is the Foreign National the sp of an Employment Permit or work in the State?	pouse, civil partner or dependant of the holder the holder of any other type of permission to	Yes No
You must now attach the	decuments outlined in Descriptment for Connection	Documentation under "(B) Foreign National

be completed by the Person who has made the offer of employment in respect of any dismissals by reason of redundancy within meaning of section 9 of the Redundancy Payments Act 1967 and where such dismissal was attributable wholly or mainly to the ditions specified in paragraphs (a), (b), (c), (d) or (e) of section 7(2) or to section 21 of that Act. Use complete in full. It is any employees of the Person who has made the offer of employment been made undant in the employment that is the subject of this Employment Permit application The last six months? It is the subject of this Employment Permit application over the importance of the reason(s) for the redundancies. This should include information on the numbers of positions in that blogment that have been made redundant and explain how the position, which is the subject of this Employment Permit lication, differs from those positions in that employment made redundant. Please continue on a separate sheet if required and	art Three	Details of Redu	ndand	су	
e any employees of the Person who has made the offer of employment been made undant in the employment that is the subject of this Employment Permit application Yes No ny employees have been made redundant in the employment that is the subject of this Employment Permit application over the importance of the property of the redundancies. This should include information on the numbers of positions in that blogment that have been made redundant and explain how the position, which is the subject of this Employment Permit lication, differs from those positions in that employment made redundant. Please continue on a separate sheet if required and	be completed by the Person who has meaning of section 9 of the Redundar	made the offer of employment in respect of any dis ncy Payments Act 1967 and where such dismissal	missals by re- was attributab	son of redund	
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months please outline the reason(s) for the redundancies. This should include information on the numbers of positions in that sloyment that have been made redundant and explain how the position, which is the subject of this Employment Permit lication, differs from those positions in that employment made redundant. Please continue on a separate sheet if required and			Yes	No	Ш
	months please outline the reason(s) followment that have been made redunc	or the redundancies. This should include informat fant and explain how the position, which is the sub	ion on the nur ject of this En	nbers of position ployment Pern	ons in that nit

. Title of Job:	(8)0	OOK CAPITALS	
	e completed by Health and Part B of Schedule		curity Personnel who are listed gulations.
. Regulatory Body:	В	LOCK CAPITALS	
i. Registration/Pin/ Licence No.:			
please provide your registration detail	ls above. Documentary evidence onals listed in Part B of Schedul	e will not be required. le 2 in the Principal Regulation	of Schedule 2 in the Principal Regulation ins must provide a copy of their registration.
. Place(s) at which the employment	concerned is to be carried ou	ti HEC	OCK CAPITALS
	(8)	OCK CAPITALS	
Proposed Period of Employment Permit (2 years)			71-5
i. Proposed Start Date*:	D D M M Y	Y	
We recommend all Employment Permi	t applications be submitted to th	e Department at least 12 wee	eks before the proposed start date of
. Gross Annual Remuneration*	E	(Gross remuneration premium payment	on excludes overtime or ts)
Gross Annual Salary: (if different from above)	€		
. Gross Weekly Salary:	€	10. Hourty Rate of Pay:	€
Deductions from Gross Weekly Salary:	€	Please specify purpose of deductions:	SLOCK CAPITALS
2. Health Insurance*:	€	Please specify name of Health Insurance Provider:	BLOCK CAPITALS
All amounts which make up the basic Annual Remuneration this must be veri NERA) inspection.			surance is being included in the Gross ational Employment Rights Authority
Health Insurance can only be conside Indertakings referred to in section 14 o			in the Register of Health Benefits
Number of hours of work per week*:			
Please note that for the purposes of E	imployment Permit Applications,	the standard working week is	s 39 hours per week.
4. What are the main functions of th	is job:	BLOCK-	DAPITALS
	BLOCK	CARITALS	
5. Please detail the qualifications, s experience required for this job:	kills, knowledge and	асоск	CAPITALS

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If 'Yes' please provide name and address of the Agent/Recruitment Agency: BLOCK CAPITALS BLOCK CAPITALS BLOCK CAPITALS If 'No' please provide details of the recruitment method: BLOCK CAPITALS BLOCK CAPITALS		K CAPITALS		
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Page 6				

Part Six

Acceptance of Terms & Conditions

Declaration of Foreign National

I, the undersigned, agree to undertake employment on the above basis and I understand that, while in employment in the State, I will be entitled to the full benefit of all the relevant Irish Employment Rights Legislation.

I hereby solemnly declare that:

- the qualifications, skills, knowledge and experience I have attained are as stated in Part 2 of the application form and they
 correspond with and are relevant to the position on offer;
- I am a fully accredited member of the relevant professional body pursuant to Part C of Schedule 2 in the Principal Regulations for the position on offer, as stated in Part 4 of the application form (if applicable);
- If this application is for a Critical Skills Employment Permit, I have received a job offer of 2 years, or more, from the Person who has made the offer of employment, as stated in Part 1 of the application form;
- if this application is for an employment in respect of a Carer in a private home and an employment permit is granted, I will
 have no objection to an Inspector from the National Employment Rights Authority (NERA) visiting the premises where
 employment is being carried out and to speak to me and the employer should the need arise; and
- . I will be fully tax compliant;

and that to the best of my knowledge and belief:

I will be employed, salaried and paid under an employment contract governed by the laws of the State by the Person who
has made the offer of employment, as stated in Part 1 of the application form.

Furthermore, I understand and accept that in accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

Signature of Foreign National: (Original signature required)		Title:
Name (in BLOCK CAPITALS):	BLOCK CAPITALS	Date:
Your employment permit will	Original of Employmer	nt Permit current address as in Part 2 of this Form.
Tick this box if you want your permit	to be posted to your current address.	
Tick this box if you want your permit stated in Part 1 of this Form.	to be posted to the Person who has made to	the offer of employment as
	to be posted to the Agent who was authori art of the Trusted Partner Registration.	ised to deal with
		_

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Agent authorised by the Trusted Partner to deal employment permit		
applications		
To ensure privacy of data is respected, the below. Agents will be copied any corresponding to the contract of		with the nomination of an agent and must sign
Agent Name (in BLOCK CAPITALS):	BLOCK CAPITALS	Title:
understand that neither I, nor a person : Employment Permit.	acting on my behalf, shall keep any persona	al document belonging to a holder of an
Signature of Agent: Original signature required)		Date: 0 0 14 14 17 17
	BLOCK C	APITALS
Address 2:	ELOCK C.	APITALS
Town:	BLOCK C	APITALE
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Country:	всоск с	APITACS
E-mail address:		
Telephone number:		
	named agent to act on my behalf in respect	t of this application.
ignature of Foreign National: Original signature required)		Date: D D M M Y Y
The certified copy of the emp		ent Permit osted to the Person who has made the ress provided as part of the Trusted
ick this box if you want the certified cop	py of the employment permit to be posted to	o this registered address.
	by of the employment permit to be posted to nit applications as part of the Trusted Partn	

Requirements for Supporting Documentation

(A) Requirements for Person who has made the offer of employment

Additional documentation

The Minister may at times request information that might materially assist in making a decision on an application.

(B) Requirements for Foreign National

For all Foreign Nationals

- Clear, legible copy (preferably in colour) of the personal details pages of the Foreign National's passport, showing his or her picture, personal details and his or her signature
- In the case of health professionals listed in Part B of Schedule 2 in the Principal Regulations, a copy of the registration with the appropriate medical body or recognition of qualifications from the relevant Minister of the Government

For all Foreign Nationals resident in the State

Please supply your GNIB personal identification number which is shown on your GNIB card. If not available please supply a clear, legible copy (preferably in colour) of your current immigration stamps and visa.

Please Note: Original documents should not be submitted.

Important Note concerning the passport expiry date

In the case of all applications for employment permits, the Foreign National must hold a passport which is in date and valid for at least 12 months or more after the date of the application. Employment Permits cannot be considered for Foreign Nationals who do not fulfil this requirement.

(C) Application Requirements

For an employment in a restaurant or a fast food outlet

If the application is in respect of such employments the following additional documentation is required:

- copies of any certified qualifications in respect of the foreign national in respect of whom the application is made, and
- in the case of an application for employment as an executive chef, head chef, sous chef or specialist chef specialising in cuisine originating from a state that is not a Member State of the EEA, a statement from the Person who has made the offer of employment, confirming that the Foreign National in respect of whom the application is made shall be employed in an establishment other than a fast food outlet.

For an employment as a Carer in a private home

If the application is in respect of such eligible employments the following additional documentation is required:

- In the case of a trained medical professional:
 - (a) copies of qualifications confirming that the Foreign National in respect of whom the application is made is a trained medical professional in a profession listed in Part A of Schedule 2 in the Principal Regulations, and
 - (b) a letter from a registered medical practitioner specialising in the area of illness of the person for whom the Foreign National will be caring, confirming that that person has a severe medical condition, or
- In the case of a Carer with a long history of care:
 - (a) a copy of a P60, payslips, a notarised letter or an affidavit establishing that the Foreign National in respect of whom the application is made has a long history of caring for the person concerned, and a letter from a registered medical practitioner specialising in the area of illness of the person for whom the Foreign National will be caring confirming that that person has special care needs.

(D) Schedule of Fees

An application for a new employment permit shall be accompanied by the fee prescribed in the Principal Regulations for the purposes of section 5(2) of the Employments Permits Act 2006 (as amended). The current fees applicable are available on the Department's website

90% of the fee will be refunded to the Applicant if the application is refused or withdrawn prior to the issuing of the permit.

No fees will be refunded if the Employment Permit holder ceases employment after the permit has been issued

Employment Permits Section is unable to refund fees by payable order. If a refund of fees is due for any reason, a mandate form will be forwarded to the applicant for completion. The refund will be paid by EFT directly into the applicant's bank account, as per details provided on the mandate form.

Acceptable Forms of payment

In accordance with DiFinance Circular 1/2013, from 19 September 2014 (e-Day) the public sector will no longer accept cheques, bank drafts or postal orders from business users in respect of services rendered. To facilitate this, the Employment Permits Section now has a commercial bank account into which payments can be made by Electronic Funds Transfer (EFT). When an application is accepted as complete an email will issue to the applicant giving details of the amount of the fee due, the bank account into which the payment should be made and an Application ID number which must be used as the reference when making the payment.

For all other users, payment can continue to be made in the form of a Euro denominated cheque, bank draft or postal order, drawn on a financial institution operating within the Irish clearing system. Please note that all foreign drafts and cheques will be returned. Cheques should be made payable to: Department of Jobs, Enterprise & Innovation.

(E) Conditions of Issue of an Employment Permit

- A. Issue of an Employment Permit in respect of a foreign national does not in itself authorise such a person to enter or reside within the State. Admission to the State and authorised duration of stay is subject to the control of the Immigration Authorities.
- All Employment Permits are issued on the proviso that the named foreign national is paid, as a minimum, the remuneration specified on the Employment Permit. The only allowable deductions are those which appear on that Employment Permit. The remuneration being paid must be verifiable in the event of a National Employment Rights Authority (NERA) inspection. Failure to comply could lead to the revocation of the Employment Permit under section 16(1)(df) of the Employment Permits Act 2006, as amended.
- C. It is recommended that an application for an Employment Permit should be made at least 12 weeks before the foreign national is required to take up employment.
- D. Any application that contains omissions or is incorrectly completed will be returned to the applicant or the authorised agent (if applicable) for completion.
- E. A fee, as determined by the Minister for Jobs, Enterprise and Innovation is payable by the applicant or the authorised agent (if applicable) for each Employment Permit granted.
- In line with section 24 of the Employment Permits Act 2006, as amended, should the employment that is the subject of the Employment Permit cease, for whatever reason, the original and the certified copy of the Employment Permit must be returned to the Employment Permits Section within 4 weeks from the date of cessation. Failure to comply with this requirement is an offence.

Non-compliance with any provision of the Aliens Act 1935, the Immigration Acts, the Employment Permits Acts 2003 and 2006, as amended or any Order made under these Acts is an offence punishable by Law.

(F) Declaration

Data Sharing and Data Protection

The Employment Permits Section may undertake verification of all data submitted on this application form. The Foreign National and the authorised Agent (if applicable) are advised that in signing this application form they consent to allow the Employment Permits Section to share and request data as necessary, for the sole purpose of verifying the information submitted, between relevant Government Departments and

The signatories to this application may find further information concerning data sharing and the obligations of Data Controllers on the Data Protection Commissioner's website at www.dataprotection.ie. Alternatively, they may call: (057) 888 4800 / Lo-Call Number: 1890 252231.

Please note that a percentage of all applications will be chosen at random for inspection by the National Employment Rights Authority (NERA). Relevant documents will have to be provided as part of this inspection. Under Section 16 (d) of the Employment Permits Act 2006, as amended, the Minister may revoke an employment permit if, in the opinion of the Minister, any information provided in respect of the application for it was false or misleading in a material respect.

In accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4 or 20, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

Furthermore, in accordance with Section 32 (1) of the Employment Permits Act 2006, as amended, a person guilty of an offence under section 18(2), 19(3), 23(4) or 25 is liable-

- (a) on summary conviction, to a fine not exceeding €5,000 or imprisonment for a term not exceeding 12 months or both, or
- (b) on conviction on indictment, to a fine not exceeding €50,000 or imprisonment for a term not exceeding 5 years or both.

Please note: With effect from 2003, the names of all employers who employ employment permit holders, as well as the number of permits issued to that employer, are made publicly available on the Department's website.

(G) Application Form Checklist

Please ensure that the application form is completed correctly. The following checklist should be used to ensure that all required information/documentation is provided. Incomplete application forms will be returned to the applicant or authorised agent (if applicable).

Attach 1 passport sized photograph, with Foreign National's name printed on the back.

Part One - Details of the Person who has made the offer of employment's Trusted Partner Registration: Complete all questions

Part Two - Details of Foreign National: Complete all questions

Please supply clear copies (preferably in colour) of the following:

- Passport pages showing photograph, personal details and expiry date.
- Immigration stamps (if GNIB personal identification number not available).
- Visa (if GNIB personal identification number not available).

Original documents should not be submitted.

Part Three - Details of Redundancy: Complete all questions, as applicable

 Please complete in relation to any redundancies within the last 6 months in the employment that is the subject of the Employment Permit application.

Part Four - Details of Employment: Complete all questions (unless otherwise specified)

Please supply copies of the following in the case of health professionals, including registered doctors, registered nurses and security personnel who have not provided their Registration/PIN/Licence number at Part 3, Question 3:

 A copy of registration with the appropriate regulatory body or recognition of qualifications pursuant to Schedule 2 in the Principal Regulations made under section 14 of the Employment Permits Act 2006, as amended.

Please supply the following in the case of an employment in a restaurant or a fast food outlet:

- copies of any certified qualifications in respect of the foreign national in respect of whom the application is made, and
- in the case of an application for employment as an executive chef, head chef, sous chef or specialist chef specialising in cuisine
 originating from a state that is not a Member State of the EEA, a statement from the Person who has made the offer of
 employment, confirming that the Foreign National in respect of whom the application is made shall be employed in an
 establishment other than a fast food outlet.

Please supply the following, whichever is applicable, in the case of an application for an employment in respect of an eligible Carer in a private home:

- copies of qualifications confirming that the Foreign National in respect of whom the application is made is a trained medical
 professional in a profession listed in Part A of Schedule 2 in the Principal Regulations.
- a letter from a registered medical practitioner specialising in the area of illness of the person for whom the Foreign National will be caring, confirming that that person has a severe medical condition or that that person has special care needs,
- a copy of a P60, payslips, a notarised letter or an affidavit establishing that the Foreign National in respect of whom the
 application is made has a long history of caring for the person concerned.

Part Five - Details of Payment: Complete all questions

- Include the appropriate fee if required (the current fees applicable are available on the Department's website).
- Sign Payer declaration original signature required.
- If applicable, clear photocopies of the relevant pages of the EEA Spouse/Civil Partners' current passport showing his or her picture, personal details, passport expiry date and his or her signature, and a copy of the marriage certificate or the civil partnership registration evidencing the relationship of the Foreign National and the EEA national.

Part Six - Acceptance of Terms & Conditions

· Sign and date the appropriate declarations - original signatures required.

EMPLOYMENT PERMITS SECTION

Contact Details

E-mail: employmentpermits@djei.ie

Call Centre: 353-1-417 5333

LoCall: 1890 201 616 (from within Ireland only)

Fax: 353-1-631 3268

Address: Davitt House 65a Adelaide Road

Dublin 2 Ireland

Employment Permits Section Web Pages

Information and application forms may be downloaded from the Employment Permits Section web pages on the Department of Jobs.

Enterprise and Innovation's website

PLEASE NOTE: The pages giving details on Requirement for Supporting Documentation and Application Form Checklist – parts A, B, C, D, E, F and G are for instruction purposes only. It is not necessary to include these pages when submitting the completed application form.

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Application form for grant of Dependant/Partner/Spouse Employment Permit



TPDPSEP001/15

Application by Trusted Partner for a Dependant/Partner/Spouse **Employment Permit New Application**

This form should be used where the Person who has made the offer of employment has been granted Trusted Partner status by the Department of Jobs, Enterprise and Innovation and has been issued with a Trusted Partner Registration Number and where they wish to apply for:

- Permit for a Dependant an employment permit for a foreign national who has permission from the Minister for Justice and Equality to reside in the State on the basis of being the child, ward or partner of a current or previous Green Card/Critical Skills Employment Permit holder or a Researcher
- Permit for a Partner an employment permit for a foreign national who has permission from the Minister for Justice and Equality to reside in the State on the basis of being the partner, within the meaning of the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010, of a current or previous Green Card/Critical Skills Employment Permit holder or a Researcher.
- Permit for a Spouse an employment permit for a foreign national who has permission from the Minister for Justice and Equality to reside in the State on the basis of being the spouse of a current or previous Green Card/Critical Skills Employment Permit holder or a Researcher. Applications can be in respect of all employments other than that of a domestic operative.

Complete ALL parts of this form as required in BLOCK CAPITALS. The Foreign National and the Agent (if applicable), must sign the declarations at the end of the form. INCOMPLETE FORMS WILL BE RETURNED TO THE APPLICANT OR THE AUTHORISED AGENT (IF APPLICABLE).

Recent Passport Photograph

Please print Foreign National's name back of photograph and staple here.

Who is applying for the perr	nit (i.e. Who is the applicant)?
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The Person who has made the offer of employment must be the applicant for an employment permit under the Trusted Partner Initiative.

Health Professional

If this is an application for a Health Professional listed in Part A or Part B of Schedule 2 in the

Part One	Tru	ıst	ec	Р	art	tne	er [Det	tail	s	
1. Registered name of Company/ Business:											
Employer Registered Number: (obtained from the Revenue Commissioners)						Ī			Π		
3.Trusted Partner Registration Number: (obtained from the Department of Jobs, Enterprise and Innovation)	9	5	0						I		
Number of EEA* and/or Swiss nationals (including Irish) currently employed by the Person who has made the offer of employment:				еп	aploye		the Pe	rson w		rently s made	
Is all of the information provided by the Person who has made the offer of employment in their application for Trusted Partner Registration still valid and in-date?	Yes						No.				

Page 1

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						Page 3	TPDPSEP0

Part Three	Details of Redundancy	,	
be completed by the Person who e meaning of section 9 of the Red	o has made the offer of employment in respect of any dismissals by reast fundancy Payments Act 1967 and where such dismissal was attributable (a), (b), (c), (d) or (e) of section 7(2) or to section 21 of that Act.	son of redundancy with	
ease complete below in full.			
	who has made the offer of employment been made s the subject of this Employment Permit application	No	
st six months please outline the re at employment that have been ma	redundant in the employment that is the subject of this Employment Per eason(s) for the redundancies. This should include information on the ade redundant and explain how the position, which is the subject of this tions in that employment made redundant. Please continue on a separa	numbers of positions in Employment Permit	
person is to the appropriate forms.			

Part Four	Details	of Emplo	yment
1. Title of Job:	BLOCK	CAPITALS	
	be completed by Health Prof A and Part B of Schedule 2 in		curity Personnel who are listed in gulations.
2. Regulatory Body:	81.00	X CAPITALS	
3. Registration/Pin/ Licence No.:			
If the application is in respect of Regi- please provide your registration detail			of Schedule 2 in the Principal Regulations
Applications for other Health Professi with the appropriate medical body or			ns must provide a copy of their registration (th.
4. Place(s) at which the employment	concerned is to be carried out:	nic	CK CAPITALS
	SLOCK	CAPITALS	
Proposed Period of Employment Permit (maximum period of 2 years)			
6. Proposed Start Date*:	0 0 M M Y Y		
* We recommend all Employment Perm employment.	nit applications be submitted to the De	partment at least 12 we	eks before the proposed start date of
7. Gross Annual Remuneration*	€	(Gross remuneration premium payment	on excludes overtime or is)
8. Gross Annual Salary: (If different from above)	€		
9. Gross Weekly Salary:	€	10. Hourly Rate of Pay:	€
11. Deductions from Gross Weekly Salary:	€	Please specify purpose of deductions:	BLOCK CAPITALS
12. Health Insurance*:	€	Please specify name of Health Insurance Provider:	BLOCK CAPITALS
* All amounts which make up the basic Annual Remuneration this must be veri (NERA) inspection.		he payslips. If Health In	
* Health Insurance can only be conside Undertakings referred to in section 14 of		nce is a person entered	in the Register of Health Benefits
13. Number of hours of work per week*:			
* Please note that for the purposes of E	imployment Permit Applications, the s	tandard working week is	s 39 hours per week.
14. What are the main functions of th	nis job:	H-LOCK (CAPITALE
	BLOCK CA	FITALS	
 Please detail the qualifications, s experience required for this job: 	kills, knowledge and	erock (PARITALE
	BLOCK CA	PITALS	
	BLOCK CA	PITALS	
			TODDEEDANAS

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Part Five	F	Requiren	nent f	or Payn	nent		
Is a fee payable for this Emp application?	loyment Permit	Yes			No	•	
If No, please indicate on who		e?					
The Person who made the or applicant and has charitable Commissioners			nati	is in respect of ional married to ership with an EE	or in a civi	1	
Dependant/Partner/Spouse I	Employment Permit		Exchan	ge Agreement Er	nploymen Permi		
If no fee is payable proceed	to Part Six.						
		Detai	ls of F	Paymen	t		
Important Note for Business In accordance with D/Finance postal orders from business ut based payments from business Transfer (EFT).	Circular 1/2013, from 19 Septers in respect of services re- s users and has set up a con	otember 2014 (e-Da ndered. To facilitat nmercial bank acco	y) the public on this, the Emunt into which	ployment Permits payments can be	Section we made by	III no longer Electronic I	accept pape funds
Business user applicants for an e-mail address to request 11) and Payers Declaration to Permits Section as complete fee due, the bank account into making the payment.	payment must be provide below and the relevant pays . An e-mail will issue to the	d at Question 8. T ment will be reque applicant and their	hey should a sted when a authorised ag	also complete Pa n application is a ent (if applicable)	yment De accepted in giving deta	tails (Ques nto the Em ails of the a	tions 9 and ployment mount of the
Applicants, other than busines Contact Details		e payment by cheq	e, bank draft	or postal order ar	nd must co	mplete all o	letails below.
Please indicate who is ma payment:		n who has made r of employment		Foreign National		Other	
2. Title:	Mr Mrs	Miss	Ms	Othe	r (please state)		
3. Name		810	CK CAP	TALS			
4. Company (if applicable):		NLO	CK CAP	TALS			
5. Telephone Number:			6. Fax Nur	nber:			
7. Mobile Phone Number:							
8. E-mail:							
Payment Details					_		
9. Method of Payment:	Electronic Funds Transfer	Cheque		Bank Draft	Po	stal Order	
10. Cheque No.							
11. Payment enclosed / Amount of Payment Due:	E						
Payment must be in the form of Clearing System. Cheques sho						perating w	thin the Irish
Payer's Declarat	tion						
I, the undersigned, agree tha (Under the Employment Permi withdrawn application will con	ts Act 2006, as amended by	the Employment Po					
Payer's Signature: (Original signature required)				Date:	0 0	M M	v cy
Employment Permits Section is forwarded to the applicant for the mandate form.							

Part Six

Acceptance of Terms & Conditions

Declaration of Foreign National

I, the undersigned, agree to undertake employment on the above basis and I understand that, while in employment in the State, I will be entitled to the full benefit of all the relevant Irish Employment Rights Legislation.

I hereby solemnly declare that:

- the qualifications, skills, knowledge and experience I have attained are as stated in Part 2 of the application form and they
 correspond with and are relevant to the position on offer;
- I am a fully accredited member of the relevant professional body pursuant to Part C of Schedule 2 in the Principal Regulations for the position on offer, as stated in Part 4 of the application form (if applicable);
- If this application is for a Critical Skills Employment Permit, I have received a job offer of 2 years, or more, from the Person who has made the offer of employment, as stated in Part 1 of the application form;
- if this application is for an employment in respect of a Carer in a private home and an employment permit is granted, I will
 have no objection to an inspector from the National Employment Rights Authority (NERA) visiting the premises where
 employment is being carried out and to speak to me and the employer should the need arise; and
- · I will be fully tax compliant;

and that to the best of my knowledge and belief:

I will be employed, salaried and paid under an employment contract governed by the laws of the State by the Person who
has made the offer of employment, as stated in Part 1 of the application form;

Furthermore, I understand and accept that in accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

National: (Original signature required)		Title:	
Name (in BLOCK CAPITALS):	BLOCK CAPITALS	Date: D M M Y Y	
Your employment permit wil	Original of Employmen	nt Permit current address as in Part 2 of this Form	n.
Tick this box if you want your perm	it to be posted to your current address.		
Tick this box if you want your perm stated in Part 1 of this Form.	it to be posted to the Person who has made t	the offer of employment as	
	it to be posted to the Agent who was authoris part of the Trusted Partner Registration.	sed to deal with	

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foreign national must be in agreement with the indence regarding this application.	ne nomination	n of an agent and must sign
BLOCK CAPITALS	Title:	
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	Date:	D D M M Y Y
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med agent to act on my behalf in respect of t	his applicatio	n.
	Date:	D D M M V V
yment permit will normally be posted	d to the Pe	
of the employment permit to be posted to this	s registered a	ddress.
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	foreign national must be in agreement with the indence regarding this application. BLOCK CAPITALS ting on my behalf, shall keep any personal do allock CAPITALS BLOCK CAPIT	foreign national must be in agreement with the nomination idence regarding this application. BLOCK CAPITALS Title: Date: BLOCK CAPITALS BLOCK CAPITALS

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Requirements for Supporting Documentation

(A) Requirements for Person who has made the offer of employment

Additional documentation

The Minister may at times request information that might materially assist in making a decision on an application.

(B) Requirements for Foreign National

For all Foreign Nationals

- Clear, legible copy (preferably in colour) of the personal details pages of the Foreign National's passport, showing his or her picture, personal details and his or her signature
- in the case of health professionals listed in Part B of Schedule 2 in the Principal Regulations, a copy of the registration with the appropriate medical body or recognition of qualifications from the relevant Minister of the Government

For all Foreign Nationals resident in the State

Please supply your GNIB personal identification number which is shown on your GNIB card. If not available please supply a clear, legible copy (preferably in colour) of your current immigration stamps and visa.

Please Note: Original documents should not be submitted.

Important Note concerning the passport expiry date

In the case of all applications for employment permits, the Foreign National must hold a passport which is in date and valid for at least 12 months or more after the date of the application. Employment Permits cannot be considered for Foreign Nationals who do not fulfil this

(C) Application Requirements

Please provide the following documents in respect of the Primary Permit Holder (current or previous holder of a Green Card/Critical Skills Employment Permit) or the Researcher:

- a copy of a birth certificate, marriage certificate, civil partnership registration, evidence of permission from the Minister for Justice and Equality to remain in the State for the purpose of making an application for an employment permit, or other legal document evidencing the relationship of the dependant, civil partner or spouse with the primary permit holder or researcher
- Clear, legible copy (preferably in colour) of the personal details pages of the primary permit holder's or researcher's current passport, showing his or her picture, personal details and his or her signature.
- Please supply the primary permit holder's or researcher's GNIB personal identification number which is shown on their GNIB card. If not available please supply a clear, legible copy (preferably in colour) of their current immigration stamps and visa.
- in respect of a primary permit holder
 - a letter from the primary permit holder's employer, dated within the 3 month period prior to the application, confirming the primary permit holder's employment with that employer and his or her job title, or
- in respect of a researcher
 - where the researcher is resident in the State on foot of holding a current Hosting Agreement, a letter from the person in the State with whom the research is being carried out, dated within the 3 month period prior to the application, confirming that the research project researcher is carrying out such research, or
 - where the researcher is no longer the holder of a Hosting Agreement and now has a stamp 4, a letter from the employer of the research project researcher dated within the 3 month period prior to the application, confirming the research project researcher's employment with that employer and his or her job title.

For an employment in a restaurant or a fast food outlet

If the application is in respect of such employments the following additional documentation is required:

copies of any certified qualifications of the Foreign National in respect of whom the application is made.

For an employment as a Carer in a private home

If the application is in respect of such eligible employments the following additional documentation is required:

- In the case of a trained medical professional
 - (a) copies of qualifications confirming that the Foreign National in respect of whom the application is made is a trained medical professional in a profession listed in Part A of Schedule 2 in the Principal Regulations, and
 - a letter from a registered medical practitioner specialising in the area of illness of the person for whom the Foreign National will be caring, confirming that that person has a severe medical condition, or
- In the case of a Carer with a long history of care:
 - (a) a copy of a P60, payslips, a notarised letter or an affidavit establishing that the Foreign National in respect of whom the application is made has a long history of caring for the person concerned, and
 - (b) a letter from a registered medical practitioner specialising in the area of illness of the person for whom the Foreign National will be caring confirming that that person has special care needs.

(D) Schedule of Fees

An application for a new employment permit shall be accompanied by the fee prescribed in the Principal Regulations for the purposes of section 5(2) of the Employments Permits Act 2006 (as amended). The current fees applicable are available on the Department's website

90% of the fee will be refunded to the Applicant if the application is refused or withdrawn prior to the issuing of the permit.

No fees will be refunded if the Employment Permit holder ceases employment after the permit has been issued.

Employment Permits Section is unable to refund fees by payable order. If a refund of fees is due for any reason, a mandate form will be forwarded to the applicant for completion. The refund will be paid by EFT directly into the applicant's bank account, as per details provided on the mandate form.

Acceptable Forms of payment

In accordance with DiFinance Circular 1/2013, from 19 September 2014 (e-Day) the public sector will no longer accept cheques, bank drafts or postal orders from business users in respect of services rendered. To facilitate this, the Employment Permits Section now has a commercial bank account into which payments can be made by Electronic Funds Transfer (EFT). When an application is accepted as complete an email will issue to the applicant giving details of the amount of the fee due, the bank account into which the payment should be made and an Application I/D number which must be used as the reference when making the payment.

For all other users, payment can continue to be made in the form of a Euro denominated cheque, bank draft or postal order, drawn on a financial institution operating within the Irish clearing system. Please note that all foreign drafts and cheques will be returned. Cheques should be made payable to: Department of Jobs, Enterprise & Innovation.

(E) Conditions of Issue of an Employment

- A. Issue of an Employment Permit in respect of a foreign national does not in itself authorise such a person to enter or reside within the State. Admission to the State and authorised duration of stay is subject to the control of the Immigration Authorities.
- B. All Employment Permits are issued on the proviso that the named foreign national is paid, as a minimum, the remuneration specified on the Employment Permit. The only allowable deductions are those which appear on that Employment Permit. The remuneration being paid must be verifiable in the event of a National Employment Rights Authority (NERA) inspection. Failure to comply could lead to the revocation of the Employment Permit under section 16(1)(df) of the Employment Permits Act 2006, as amended.
- C. It is recommended that an application for an Employment Permit should be made at least 12 weeks before the foreign national is required to take up employment.
- Any application that contains omissions or is incorrectly completed will be returned to the applicant or the authorised agent (if applicable) for completion.
- E. A fee, as determined by the Minister for Jobs, Enterprise and Innovation is payable by the applicant or the authorised agent (if applicable) for each Employment Permit granted.
- F. In line with section 24 of the Employment Permits Act 2006, as amended, should the employment that is the subject of the Employment Permit cease, for whatever reason, the original and the certified copy of the Employment Permit must be returned to the Employment Permits Section within 4 weeks from the date of cessation. Failure to comply with this requirement is an offence.

Non-compliance with any provision of the Aliens Act 1935, the Immigration Acts, the Employment Permits Acts 2003 and 2006, as amended or any Order made under these Acts is an offence punishable by Law.

(F) Declaration

Data Sharing and Data Protection

The Employment Permits Section may undertake verification of all data submitted on this application form. The Foreign National and the authorised Agent (if applicable) are advised that in signing this application form they consent to allow the Employment Permits Section to share and request data as necessary, for the sole purpose of verifying the information submitted, between relevant Government Departments and Agencies.

The signatories to this application may find further information concerning data sharing and the obligations of Data Controllers on the Data Protection Commissioner's website at www.dataprotection.ie. Alternatively, they may call: (057) 868 4800 / Lo-Call Number: 1890 252231.

Please note that a percentage of all applications will be chosen at random for inspection by the National Employment Rights Authority (NERA). Relevant documents will have to be provided as part of this inspection. Under Section 16 (d) of the Employment Permits Act 2006, as amended, the Minister may revoke an employment permit if, in the opinion of the Minister, any information provided in respect of the application for it was false or misleading in a material respect.

In accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4 or 20, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

Furthermore, in accordance with Section 32 (1) of the Employment Permits Act 2006, as amended, a person guilty of an offence under section 18(2), 19(3), 23(4) or 25 is liable—

- (a) on summary conviction, to a fine not exceeding €5,000 or imprisonment for a term not exceeding 12 months or both, or
- (b) on conviction on indictment, to a fine not exceeding €50,000 or imprisonment for a term not exceeding 5 years or both.

Please note: With effect from 2003, the names of all employers who employ employment permit holders, as well as the number of permits issued to that employer, are made publicly available on the Department's website.

(G) Application Form Checklist

Please ensure that the application form is completed correctly. The following checklist should be used to ensure that all required information/documentation is provided. Incomplete application forms will be returned to the applicant or authorised agent (if applicable).

Attach 1 passport sized photograph, with Foreign National's name printed on the back.

Part One - Details of the Person who has made the offer of employment's Trusted Partner Registration: Complete all questions

Part Two – Details of Foreign National: Complete all questions

Please supply clear copies (preferably in colour) of the following:

- Passport pages showing photograph, personal details and expiry date.
- Immigration stamps (if GNIB personal identification number not available).
- Visa (if GNIB personal identification number not available).

Original documents should not be submitted.

Part Three - Details of Redundancy: Complete all questions, as applicable

Please complete in relation to any redundancies within the last 6 months in the employment that is the subject of the Employment Permit application.

Part Four - Details of Employment: Complete all questions (unless otherwise specified)

Please supply clear copies (preferably in colour) of the following in respect of the primary permit holder or researcher.

- Documentation evidencing the relationship between the Foreign National and the Primary Permit Holder or Researcher.
- Passport pages showing photograph, personal details and expiry date.
- Immigration stamps (if GNIB personal identification number not available).
- Visa (if GNIB personal identification number not available).
- Relevant letters from their current employers.

Original documents should not be submitted

Please supply copies of the following in the case of health professionals, including registered doctors, registered nurses and security personnel who have not provided their Registration/PIN/Licence number at Part 3, Question 3:

A copy of registration with the appropriate regulatory body or recognition of qualifications pursuant to Schedule 2 in the Principal Regulations

Please supply the following in the case of an employment in a restaurant or a fast food outlet:

copies of any certified qualifications of the Foreign National in respect of whom the application is made.

Please supply the following, whichever is applicable, in the case of an application for an employment in respect of an eligible Carer in a private home

- copies of qualifications confirming that the Foreign National in respect of whom the application is made is a trained medical professional in a profession listed in Part A of Schedule 2 in the Principal Regulations.
- a letter from a registered medical practitioner specialising in the area of illness of the person for whom the Foreign National will be caring, confirming that that person has a severe medical condition or that that person has special care needs
- a copy of a P60, payslips, a notarised letter or an affidavit establishing that the Foreign National in respect of whom the application is made has a long history of caring for the person concerned

Part Five - Details of Payment: Complete all questions

- Include the appropriate fee if required (the current fees applicable are available on the Department's website).
- Sign Payer declaration original signature required.
- If applicable, clear photocopies of the relevant pages of the EEA Spouse/Civil Partners' current passport showing his or her picture, personal details, passport expiry date and his or her signature, and a copy of the marriage certificate or the civil partnership registration evidencing the relationship of the Foreign National and the EEA national

Part Six - Acceptance of Terms & Conditions

Sign and date the appropriate declarations - original signatures required

EMPLOYMENT PERMITS SECTION

Contact Details

E-mail: employmentpermits@djei.ie

Call Centre: 353-1-417 5333

LoCall: 1890 201 616 (from within Ireland only)

Fax: 353-1-631 3268

Address:

Davitt House 65a Adelaide Road

Dublin 2 Ireland

Employment Permits Section Web Pages

Information and application forms may be downloaded from the Employment Permits Section web pages on the Department of Jobs,

Enterprise and Innovation's website

PLEASE NOTE: The pages giving details on Requirement for Supporting Documentation and Application Form Checklist - parts A, B, C, D, E, F and G are for instruction purposes only. It is not necessary to include these pages when submitting the completed application form.

Form C

Application form for grant of General Employment Permit



TPGEP001/15

		100	-	u Tion		-			
Application by Trus							a	н	Recent Passport Photograph
General Employ	ym	er	ıt F	er?	mi	t		н	X1
New Appl	ica	ati	on					н	
This form should be used where the Person who has granted Trusted Partner status by the Department of Jissued with a Trusted Partner Registration Number an	nade ti lobs, E	he offe	er of en	Innova	ation ar		been	П	
 An employment permit in respect of all employments, other than those employments for which an employment permit shall not be granted pursuant to Schedule 4 of the Principal Regulations, and where the Person who has made the offer of employment has been unable to recruit an Irish or EEA national for the employment. 							Please print Foreign National's name on back of photograph and staple here.		
For permission to work in the State for a period of less the by the Department of Justice and Equality may be approp		ays, th	e Atypi	cal Work	ring Sch	heme o	perated		
Complete ALL parts of this form as required in BLC Agent (if applicable), must sign the declarations at the INCOMPLETE FORMS WILL BE RETURNED TO THE	end o	f the f	orm.						
APPLICABLE).							-		
If this is an application for a Health Profess Principal Regulat	ional	liste plea	d in F se tic		or Pa				
T dit One	ш	101	(5)	ales :	18.11	C.		Len	3
1. Registered name of Company/ Business:									
2. Employer Registered Number:	_	7				-	1	T	1
(obtained from the Revenue Commissioners)	L				_				
3.Trusted Partner Registration Number:	_	_	_		7	_	_	_	
(obtained from the Department of Jobs, Enterprise and Innovation)	9	5	0						
Number of EEA* and/or Swiss nationals (including lrish) currently employed by the Person who has made the offer of employment:			- 1		loyed t		erson		rrently is made
Is all of the information provided by the Person who has made the offer of employment in their application for Trusted Partner Registration still valid			T	T				1	
and in-date?	Yes	•				N	0.		

Requirement for Supporting Documentation under "(A) Requirements for Person who has made the offer of employment"

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). Final Subjects Taken:	BLOCK CAPITALS	BLOCK CAPITALS
	ENGLES CONTROL OF THE PROPERTY	
	BLOCK CAPITALS	BLOCK CAPITALS
_	BLOCK CAPITALS	BLOCK CAPITALS
	BLOCK CAPITALS	BLOCK CAPITALS
0. Result Achieved: e.g. 2.1		*
Has the Foreign National pre State?	eviously made an application for asylum in the	Yes No
Has the Foreign National sor previous occasion?	ught permission to land in the State on a	Yes No
	what basis the permission was sought and rmission was granted:	BLOCK CAPITALS
	BLOCK CAPITALS	
3. Has the Foreign National ber	en in the State on a previous occasion without	
permission?	The state of the s	Yes No
4. Is the Foreign National curre	ntly employed in the State?	Yes No
If 'Yes' please describe on	what permission they have to be employed:	BLOCK CAPITALS
	BLOCK CAPITALS	
5. Has the Foreign National bed	en employed in the State previously?	Yes No
If 'Yes' please describe on	what permission they had to be employed:	BLOCK CAPITALS
	BLOCK CAPITALS	
5. Is the Foreign National marri EA national?	ied to or in a civil partnership with an Irish or	Yes No
If "Yes" what nationality is	their spouse/partner?	SLOCK CAPITALS
	pouse, civil partner or dependant of, the holder holder of any other type of permission to work	Yes No
You must now attach the	documents outlined in Requirement for Supporting I Requirements."	Documentation under "(B) Foreign National

Part	Three	Details of Redundancy
the meaning	ng of section 9 of th	on who has made the offer of employment in respect of any dismissals by reason of redundancy within the Redundancy Payments Act 1967 and where such dismissal was attributable wholly or mainly to the raphs (a), (b), (c), (d) or (e) of section 7(2) or to section 21 of that Act.
Please cor	nplete in full.	
redundant		erson who has made the offer of employment been made that is the subject of this Employment Permit application Yes No
that emplo application	onths please outline syment that have be	nade redundant in the employment that is the subject of this Employment Permit application over the e the reason(s) for the redundancies. This should include information on the numbers of positions in sen made redundant and explain how the position, which is the subject of this Employment Permit e positions in that employment made redundant. Please continue on a separate sheet if required and orm.

Page 4

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Part Four				De	tai	ls	of Emplo	yment
1. Title of Job:	BLOCK CAPITALS							
							essionals and Se the Principal Re	curity Personnel who are listed gulations.
2. Regulatory Body:					.6 (, O C	X CAPITALS	
3. Registration/Pin/ Licence No.:								
If the application is in respect of Regis Regulations, please provide your regis								
Applications for other Health Profession registration with the appropriate medical section (Control of the Control of the Cont								
4. Place(s) at which the employment	concer	ned is	to be	carri	ed out		81.0	OCK CAPITALS
					alc	ick	CAPITALS	
5. Proposed Period of Employment Permit (maximum of 2 years)								
6. Proposed Start Date*:	D	D	w	M	Υ	Υ	ĺ	
"We recommend all Employment Permi employment.	t applica	dions	be su	bmitte	d to the	Dep	artment at least 12 wee	sks before the proposed start date of
7. Gross Annual Remuneration*	€						(Gross remuneration premium payment	on excludes overtime or ts)
8. Gross Annual Salary: (if different from above)	€							
9. Gross Weekly Salary:	€						10. Hourly Rate of Pay:	€
11. Deductions from Gross Weekly Salary:	€]	Please specify purpose of deductions:	BLOCK CAPITALS
12. Health Insurance*:	€]	Please specify name of Health Insurance Provider:	BLOCK CAPITALS
* All amounts which make up the basic Annual Remuneration this must be veril in the event of a National Employment F	Table by	way o	of sup	parting	docu	menta	ne payslips. If Health In	isurance is being included in the Gross such documentation may also be required
* Health Insurance can only be consider Undertakings referred to in section 14 o							nce is a person entered	in the Register of Health Benefits
13. Number of hours of work per week*:		He Color						
* Please note that for the purposes of E	mploym	ent P	ermit /	Аррііса	itions,	the st	andard working week is	s 39 hours per week.
14. What are the main functions of th	is job:						BLOCK	CAPITACO
				BLC	OX	CA	PITALS	
 Please detail the qualifications, si experience required for this job: 	kills, kn	owled	dge ar	nd			BLOCK	CAPITALS
				BLO	ock	CAR	PITALS	
				BLO	ОК	CAS	PITALS	

		BLOCK CAPITALS
-	-8	LOCK CAPITALS
	В	LOCK CAPITALS
	В	LOCK CAPITALS
	Recruitment Agency to recruit th	ne Foreign National? Yes No
If 'Yes' please prov Agent/Recruitment	ide name and address of the Agency:	BLOCK CAPITALS
	B	LOCK CAPITALS
	Ð	LOCK CAPITALS
If 'No' please provid		BLOCK CAPITALS
		OCK CAPITALS
i must now attach the	documents outlined in Requiren	nent for Supporting Documentation under "(C) Application Requiremen (if applicable)
art Faur	Do	etails of Advertisement
art Four <i>I</i>	A De	talls of Advertisement
 are required for the applications in res which an employer 	e proper functioning of the econon pect of all other employments with hent permit shall not be granted an re supported by a State Enterprise pect of foreign nationals who were	is a shortage in respect of the relevant qualifications, skills or experience whin and which employments are listed in Schedule 3 of the Principal Regulation an annual remuneration of 650,000 or more, other than those employments and which employments are listed in Schedule 4 of the Principal Regulations, a Agency, a previously the holder of a Work Permit/General Employment Permit and whilate of application and where section 208 of the Employment Permits Act 200
 applications in res have been made r as amended applie 	es, and	who is caring for a person with exceptional medical needs and where the no
applications in res have been made r as amended applie applications in res	es, and pect of a Carer in a private home	who is caring for a person with exceptional medical needs and where the nor n and that person has developed a high level of dependence on that non-EE
applications in res have been made r as amended applica- applications in res EEA national is all national. requirements of the La	es, and pect of a Carer in a private home ready providing care to that person	
applications in res have been made r as amended applica- epplications in res EEA national is all national. requirements of the Latication must be: advertised with the	es, and pect of a Carer in a private home ready providing care to that person abour Market Needs Test are the	n and that person has developed a high level of dependence on that non-EE
applications in res have been made r as amended applica- epilications in res EEA national is all national. requirements of the Latication must be: advertised with th two weeks, and advertised for thre	es, and pect of a Carer in a private home ready providing care to that person abour Market Needs Test are the Department of Social Protection e days in a national newspaper, a	n and that person has developed a high level of dependence on that non-EE hat the employment that is the subject of the General Employment Perm in Employment Services/EURES employment network for a period of at lea
applications in reshave been made ras amended applications in resEEA national is all national. requirements of the Litication must be: advertised with the two weeks, and advertised for thre advertised in either	es, and pect of a Carer in a private home ready providing care to that person abour Market Needs Test are the Department of Social Protection e days in a national newspaper, as ir a local newspaper or a job webs	n and that person has developed a high level of dependence on that non-EE hat the employment that is the subject of the General Employment Perm in Employment Services/EURES employment network for a period of at lea and
applications in reshave been made ras amended applications in resEEA national is almational. requirements of the Litication must be: advertised with the two weeks, and advertised for threadvertised in either information about the Exwelfare is General Employment Per	es, and pect of a Carer in a private home ready providing care to that person abour Market Needs Test are the Department of Social Protection e days in a national newspaper, as a local newspaper or a job webs Department of Social Protection Er mit applications must, if applicable tion Employment Services/EURES	n and that person has developed a high level of dependence on that non-EE at the employment that is the subject of the General Employment Perm n Employment Services/EURES employment network for a period of at lea nd ite (separate to DSP/EURES websites) for three days.
applications in res have been made r as amended applica- epilications in res EEA national is all national. requirements of the Latication must be: advertised with th two weeks, and advertised for thre	es, and pect of a Carer in a private home ready providing care to that person abour Market Needs Test are the Department of Social Protection e days in a national newspaper, a	n and that person has developed a high level of dependence on that non-E nat the employment that is the subject of the General Employment Per in Employment Services/EURES employment network for a period of at le

the mandate form

Part Six

Acceptance of Terms & Conditions

Declaration of Foreign National

I, the undersigned, agree to undertake employment on the above basis and I understand that, while in employment in the State, I will be entitled to the full benefit of all the relevant Irish Employment Rights Legislation.

I hereby solemnly declare that:

- the qualifications, skills, knowledge and experience I have attained are as stated in Part 2 of the application form and they
 correspond with and are relevant to the position on offer;
- I am a fully accredited member of the relevant professional body pursuant to Part C of Schedule 2 in the Principal Regulations, for the position on offer, as stated in Part 4 of the application form (if applicable);
- If this application is for a Critical Skills Employment Permit, I have received a job offer of 2 years, or more, from the Person who has made the offer of employment, as stated in Part 1 of the application form;
- if this application is for an employment in respect of a Carer in a private home and an employment permit is granted, I will
 have no objection to an Inspector from the National Employment Rights Authority (NERA) visiting the premises where
 employment is being carried out and to speak to me and the employer should the need arise; and
- I will be fully tax compliant;

and that to the best of my knowledge and belief:

I will be employed, salaried and paid under an employment contract governed by the laws of the State by the Person who
has made the offer of employment, as stated in Part 1 of the application form.

Furthermore, I understand and accept that in accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

	eing reckless as to whether it is so false or m	isleading is guilty of an offence.
Signature of Foreign National: (Original signature required)		Title:
Name (in BLOCK CAPITALS):	BLOCK CAPITALS	Date: O O W W Y Y
Your employment permit will	Original of Employmen normally be posted to you at your o	<i>t Permit</i> urrent address as in Part 2 of this Form.
Tick this box if you want your permit	to be posted to your current address.	
Tick this box if you want your permit as stated in Part 1 of this Form.	to be posted to the Person who has made the	ne offer of employment
Tick this box if you want your permit employment permit applications as p	to be posted to the Agent who was authoris part of the Trusted Partner Registration.	ed to deal with

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	[172] 71
Agent authorised by the Trusted Partner to deal employment permit applications	
	the foreign national must be in agreement with the nomination of an agent and must sign is will be copied any correspondence regarding this application.
Agent Name (in BLOCK CAPITALS):	BLOCK CAPITALS Title:
I understand that neither I, nor a person a Employment Permit.	cting on my behalf, shall keep any personal document belonging to a holder of an
Signature of Agent: (Original signature required)	Date: 0 0 M M Y Y
Agent's Address for Correspondence:	
Address 1:	BLOCK CAPITALS
Address 2:	BLOCK CAPITALS
Town:	BLOCK CAPITALS
County:	BLOCK CAPITALS
Country:	SLOCK(CAPITALS)
E-mail address:	
Telephone number;	
I, the Foreign National, permit the above r	named agent to act on my behalf in respect of this application.
Signature of Foreign National: (Original signature required)	Date: D D W M Y Y
1	
The certified copy of the empl offer of employment at the	tified Copy of Employment Permit oyment permit will normally be posted to the Person who has made the registered company/business address provided as part of the Trusted Partner Registration
Tick this box if you want the certified cop	y of the employment permit to be posted to this registered address.
	y of the employment permit to be posted to you the Agent who was it applications as part of the Trusted Partner Registration.

Requirements for Supporting Documentation

(A) Requirements for Person who has made the offer of employment

Additional documentation

The Minister may at times request information that might materially assist in making a decision on an application.

(B) Requirements for Foreign National

For all Foreign Nationals

- Clear, legible copy (preferably in colour) of the personal details pages of the Foreign National's passport, showing his or her picture, personal details and his or her signature.
- In the case of health professionals listed in Part B of Schedule 2 in the Principal Regulations, a copy of the registration with the appropriate medical body or recognition of qualifications from the relevant Minister of the Government.

For all Foreign Nationals resident in the State

 Please supply your GNIB personal identification number which is shown on your GNIB card. If not available please supply a clear, legible copy (preferably in colour) of your current immigration stamps and visa.

Please Note: Original documents should not be submitted.

Important Note concerning the passport expiry date

In the case of all applications for employment permits, the Foreign National must hold a passport which is in date and valid for at least 12 months or more after the date of the application. Employment Permits cannot be considered for Foreign Nationals who do not fulfil this requirement.

(C) Application Requirements

Labour Market Needs Test

If applicable, please provide copies of newspaper and website advertisements which show clearly the dates of publication of such advertisements.

For an employment in a restaurant or a fast food outlet

If the application is in respect of such employments the following additional documentation is required:

- . copies of any certified qualifications in respect of the foreign national in respect of whom the application is made, and
- in the case of an application for employment as an executive chef, head chef, sous chef or specialist chef specialising in cuisine
 originating from a state that is not a Member State of the EEA, a statement from the Person who has made the offer of employment,
 confirming that the Foreign National in respect of whom the application is made shall be employed in an establishment other than a
 fast food outlet.

For an employment as a Carer in a private home

If the application is in respect of such eligible employments the following additional documentation is required:

- . In the case of a trained medical professional:
 - (a) copies of qualifications confirming that the Foreign National in respect of whom the application is made is a trained medical
 professional in a profession listed in Part A of Schedule 2 in the Principal Regulations, and
 (b) a letter from a registered medical practitioner specialising in the area of illness of the person for whom the Foreign National will
 - (b) a letter from a registered medical practitioner specialising in the area of illness of the person for whom the Foreign National will be caring, confirming that that person has a severe medical condition, or
- . In the case of a Carer with a long history of care:
 - (a) a copy of a P60, payslips, a notarised letter or an affidavit establishing that the Foreign National in respect of whom the application is made has a long history of caring for the person concerned, and a letter from a registered medical practitioner specialising in the area of illness of the person for whom the Foreign National will be caring confirming that that person has special care needs.

(D) Schedule of Fees

An application for a new employment permit shall be accompanied by the fee prescribed in the Principal Regulations for the purposes of section 5(2) of the Employments Permits Act 2006 (as amended). The current fees applicable are available on the Department's website.

Refunds

90% of the fee will be refunded to the Applicant if the application is refused or withdrawn prior to the issuing of the permit.

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Non-compliance with any provision of the Aliens Act 1935, the Immigration Acts, the Employment Permits Acts 2003 and 2006, as amended, or any Order made under these Acts is an offence punishable by Law.

(F) Declaration

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The Employment Permits Section may undertake verification of all data submitted on this application form. The Foreign National and the authorised Agent (if applicable) are advised that in signing this application form they consent to allow the Employment Permits Section to share and request data as necessary, for the sole purpose of verifying the information submitted, between relevant Government Departments and Agencies.

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Please note that a percentage of all applications will be chosen at random for inspection by the National Employment Rights Authority (NERA). Relevant documents will have to be provided as part of this inspection. Under Section 16 (d) of the Employment Permits Act 2006, as amended, the Minister may revoke an employment permit if, in the opinion of the Minister, any information provided in respect of the application for it was false or misleading in a material respect.

In accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4 or 20, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

Furthermore, in accordance with Section 32 (1) of the Employment Permits Act 2006, as amended, a person guilty of an offence under section 18(2), 19(3), 23(4) or 25 is liable—

- (a) on summary conviction, to a fine not exceeding €5,000 or imprisonment for a term not exceeding 12 months or both, or
- (b) on conviction on indictment, to a fine not exceeding €50,000 or imprisonment for a term not exceeding 5 years or both.

Please note: With effect from 2003, the names of all employers who employ employment permit holders, as well as the number of permits issued to that employer, are made publicly available on the Department's website.

(G) Application Form Checklist

Please ensure that the application form is completed correctly. The following checklist should be used to ensure that all required information/documentation is provided. Incomplete application forms will be returned to the applicant or authorised agent (if applicable).

Attach 1 passport sized photograph, with Foreign National's name printed on the back.

Part One - Details of the Person who has made the offer of employment's Trusted Partner Registration: Complete all questions

Part Two - Details of Foreign National: Complete all questions

Please supply clear copies (preferably in colour) of the following:

- Passport pages showing photograph, personal details and expiry date
- Immigration stamps (if GNIB personal identification number not available).
- Visa (if GNIB personal identification number not available).

Original documents should not be submitted.

Part Three - Details of Redundancy: Complete all questions, as applicable

 Please complete in relation to any redundancies within the last 6 months in the employment that is the subject of the Employment Permit application.

Part Four - Details of Employment: Complete all questions (unless otherwise specified)

Please provide copies of newspaper and website advertisements which show clearly the dates of publication of such advertisements.

Please supply copies of the following in the case of health professionals, including registered doctors, registered nurses and security personnel who have not provided their Registration/PIN/Licence number at Part 3, Question 3:

 A copy of registration with the appropriate regulatory body or recognition of qualifications pursuant to Schedule 2 in the Principal Regulations made under section 14 of the Employment Permits Act 2006, as amended.

Please supply the following in the case of an employment in a restaurant or a fast food outlet:

- copies of any certified qualifications in respect of the foreign national in respect of whom the application is made, and
- in the case of an application for employment as an executive chef, head chef, sous chef or specialist chef specialising in cuisine
 originating from a state that is not a Member State of the EEA, a statement from the Person who has made the offer of
 employment, confirming that the Foreign National in respect of whom the application is made shall be employed in an
 establishment other than a fast food outlet.

Please supply the following, whichever is applicable, in the case of an application for an employment in respect of an eligible Carer in a private home:

- copies of qualifications confirming that the Foreign National in respect of whom the application is made is a trained medical
 professional in a profession listed in Part A of Schedule 2 in the Principal Regulations,
- a letter from a registered medical practitioner specialising in the area of illness of the person for whom the Foreign National will be caring, confirming that that person has a severe medical condition or that that person has special care needs.
- a copy of a P60, payslips, a notarised letter or an affidavit establishing that the Foreign National in respect of whom the application is made has a long history of caring for the person concerned.

- Details of Payment: Complete all questions

- Include the appropriate fee if required (see (The current fees applicable are available on the Department's website).
- Sign Payer declaration original signature required.
- If applicable, clear photocopies of the relevant pages of the EEA Spouse/Civil Partners' current passport showing his or her picture, personal details, passport expiry date and his or her signature, and a copy of the marriage certificate or the civil partnership registration evidencing the relationship of the Foreign National and the EEA national.

Part Six - Acceptance of Terms & Conditions

. Sign and date the appropriate declarations - original signatures required

EMPLOYMENT PERMITS SECTION

Contact Details

E-mail: employmentpermits@djel.ie

Call Centre: 353-1-417 5333

LoCall: 1890 201 616 (from within Ireland only)

Fax: 353-1-631 3268 Address: Davitt House

65a Adelaide Road

Dublin 2 Ireland

Employment Permits Section Web Pages

Information and application forms may be downloaded from the Employment Permits Section web pages on the Department of Jobs,

Enterprise and Innovation's website

PLEASE NOTE: The pages giving details on Requirement for Supporting Documentation and Application Form Checklist – parts A, B, C, D, E, F and G are for instruction purposes only. It is not necessary to include these pages when submitting the completed application form.

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Application form for grant of Intra-Company Transfer Employment Permit



TPICTEP001/15

Application by Trusted Partner for an Intra-Company Transfer Employment Permit NEW Application

This form should be used where the Connected Person has been granted Trusted Partner status by the Department of Jobs, Enterprise and Innovation and has been issued with a Trusted Partner Registration Number and where they wish to apply for:

- An Employment Permit to provide for a Foreign National, employed by a person outside the State (Foreign Employer) to:
 - carry out duties for a Connected Person in the State in employments in senior management or employments requiring specialist knowledge, qualifications or experience essential to the Connected Person's service, research equipment, techniques or management or
 - management, or undertake a training programme provided by a Connected Person in employments that require the Foreign National to participate in such training programme.

and where such employments are not one of the employments in respect of which an employment permit shall not be granted pursuant to Schedule 4 in the Principal Regulations.

The Foreign National must have a minimum of 6 months employment with the Foreign Employer prior
to the application and the duration of the transfer must be at least 90 days. For permission to carry
out the duties or undergo the training for a period of less than 90 days, the Atypical Working Scheme
operated by the Department of Justice and Equality may be appropriate.

Before completing this form, please read, and follow, the relevant permit information which is available on our website. Complete ALL parts of this form as required in BLOCK CAPITALS. The Foreign Employer, the Foreign national and the Agent (if applicable) must sign the declarations at the end of the form. Incomplete forms will be returned to the applicant or the authorised agent (if applicable).

Passport Photograph

X1

Please print Foreign National's name on the back of photograph and staple here.

Who is applying for the permit (i.e. Who is the applicant)?

In accordance with the Employment Permits Act 2006, as amended, the Connected Person (Irish Entity) must be the applicant in respect of all Intra-Company Transfer Employment Permit applications.

Part One	į	Tru	isted	Par	tner	Deta	ails			
Registered name of Company/ Business:										
Employer Registered Number: (obtained from the Revenue Commissioners)		I				I	I]		
3.Trusted Partner Registration Number: (obtained from the Department of Jobs, Enterprise and Innovation)	9	5	0	Ĭ		Ĭ				
Number of EEA* and/or Swiss nationals (including Irish) currently employed by the Connected Person	n:				of non-Ei ed by the					
Is all of the information provided by the Connected Person in their application for Trusted Partner Registration still valid and in-date?	Ye	6.				No.				
*The EEA comprises the Member States of the European	Union	togethe	er with Icela	nd, Non	way & Lie	chtenste	NIT.			
		Page	1						TPICTE	P001/15

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Part Three	Details of Redu	ndand	СУ	
To be completed by the Con Redundancy Payments Act	nected Person in respect of any dismissals by reason of redunda 1967 and where such dismissal was attributable wholly or mainly ion 7(2) or to section 21 of that Act.	ncy within the	e meaning of sec	
Please complete in full.		_	-74\V 2	
	Connected Person been made redundant in the employment inployment Permit application over the last six months?	Yes	No	
six months please outline the employment that have been	made redundant in the employment that is the subject of this Em he reason(s) for the redundancies. This should include informatio made redundant and explain how the position, which is the subjet in that employment made redundant. Please continue on a separ	n on the num ct of this Emp	bers of positions ployment Permit	in that application,
	Page 4		TP	CTEP001/15

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Please indicate the category of Intra-Company Transfer Empl application is in respect of: Proposed Position of Foreign with Connected :						
with Connected :		Senio Managemen		y Personnel		rainee
- Contract of the Contract of	n National		BLDCK C	APITALS		
NOTE:	Questions 3 and 4 to	be complet	ed by Health	Profession	nals only.	
Regulatory Body:			Brock c	ARITALS.		
Registration/Pin No.:						
the application is in respect of Rigistration details above. Docume			of Schedule 2 in	the Principal F	Regulations pleas	e provide you
plications for other Health Profe th the appropriate medical body					ovide a copy of th	eir registratio
Duration of Transfer (definite and end dates to a maximum ars)*:		M Y Y			D D M	M Y Y
We recommend all Employment to take up duties for or unders			this Department	at least 12 wee	ks before the For	eign Nationa
Place(s) at which the duties/tr is to be carried out:	8		9100	CAPITA	LS	
		LOCK CAP	ITALB			
lasic Salary, Payments in respe sic hourly rate of pay is below to actment, the additional paymen	ect of Board and Accommod the Irish National Minimum I nt to bring it up to or over th	Wage hourly rate a hourly minimun	or an hourly rate n wage level shot ler Schedule One	of pay fixed u uld be shown s of the Minimu	nder or pursuant i eparately below.	to any other The amount
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ase detail the relevant qualifications, skills, knowledge ar erience of the Foreign National:	BLOCK CAPITALS
810	OK CAPITALS
810	CK CAPITALS
#LO	CK CAPITALS
must now attach the documents outlined in Requirement	for Supporting Documentation under "(C) Application Requ

Part Six		Re	quiren	ent f	or Pay	ment		
Is a fee payable for this Emp application?	oloyment Permit	Y	'es			N		
If No, please indicate on who	at basis no fee is	applicable?						
The Connected Person has Revenue Commissioners	charitable status	with the		nat	n is in respect of ional married t ership with an	o or in a civ	id	
If no fee is payable proceed	to Part Seven.							
			Detail	s of I	Payme	nt		
Important Note for Business In accordance with D/Finance postal orders from business us based payments from busines Transfer (EFT).	Circular 1/2013, fi sers in respect of	rom 19 Septemi services renden	ber 2014 (e-Day ed. To facilitate) the public this, the En	ployment Perm	its Section w	ill no longe	r accept pap
Business user applicants fo an e-mail address to reques 11) and Payers Dectaration t Permits Section as complete fee due, the bank account into making the payment.	t payment must to below and the rel e. An e-mail will k	be provided at levant payment issue to the appli	Question 8. To t will be request cant and their a	ney should sted when a uthorised a	also complete in application is pent (if applicable	Payment De s accepted i le) giving det	tails (Que nto the En ails of the a	stions 9 and apployment amount of the
Applicants, other than busines	s users can contir	nue to make pay	ment by chequ	e, bank draf	t or postal order	and must co	mplete all	details below
Contact Details	of Payer							
Please indicate who is ma payment:	iking the	Conne	cted Person			Ott	her	
2. Title:	Mr	Mrs	Miss	Ms	Ott	her (please state)		
3. Name:								
4. Company (if applicable):			BLO	OK GAP	TALS			
5. Telephone Number:				6. Fax Nu	nber:			
7. Mobile Phone Number:								
8. E-mail;	-							
Payment Details					- '			
9. Method of Payment:	Electronic Fu	unds nsfer	Cheque		Bank Draft	Po	ostal Order	
10. Cheque No.								
11. Payment enclosed / Amount of Payment Due:	€							
Payment must be in the form of Clearing System. Cheques sh							operating w	ithin the Irisl
Payer's Declara	tion							
I, the undersigned, agree this (Under the Employment Perm fee paid).	at in the case of							
Payer's Signature: (Original signature required)					Date:	0 0	M M	V. V.
Employment Permits Section : forwarded to the applicant for the mandate form.								
			Page 8				**	PICTEP001/

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Part Seven

Acceptance of Terms & Conditions

Declaration of Foreign National

I, the undersigned, agree to carry out duties or undergo training with the Connected Person on the basis of this application. I hereby solemnly declare that:

- the qualification, skills, knowledge and experience I have attained, as stated in Part 2 of the application form, are true and they correspond with and are relevant to the position on offer;
- I am a fully accredited member of the relevant professional body pursuant to Part C of Schedule 2 in the Principal Regulations for the position on offer, as stated in Part 5 of the application form (if applicable);
 I have been employed by the Foreign Employer named in this application form for a minimum of six months;
 I will continue to be employed, salaried and paid under an employment contract outside the State by the Foreign Employer stated on this application form; and

- I will be fully tax compliant in the State.

Furthermore, I understand and accept that in accordance with Section 25 of the Employment Permits Act 2006, as amended, a person

	pplication under section 4, information that ng reckless as to whether it is so false or m		capaci snorming
ignature of Foreign ational: Original signature required)		Title:	
ame (in BLOCK CAPITALS):	BLOCK CAPITALS	Date: D D M M	Y Y
our employment permit will r	Original of Employment		this Form.
ck this box if you want your permit	to be posted to your current address.		
ck this box if you want your permit	to be posted to the Connected Person as st	tated in Part 1 of this Form.	
ick this box if you want your permit ermit applications as part of the Tru	to be posted to the Agent who was authoris sted Partner Registration.	sed to deal with employment	

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Declaration of Foreign Employer

I, the Foreign Employer, give an undertaking that the Foreign National will be fully tax compliant for the duration of the Foreign National's stay in the State. I confirm that the Foreign National will be returning to my overseas place of employment after the completion of the duties or training with the Connected Person.

I hereby solemnly declare that:

- the qualifications, skills, knowledge and experience attained by the Foreign National, as stated in Part 2 of the application form, are true and they correspond with and are relevant to the position on offer; the Foreign National is a fully accredited member of the relevant professional body pursuant to Part C of Schedule 2 in the
- Principal Regulations for the position on offer, as stated in Part 5 of the application form (if applicable);
- the Foreign National has been employed by me for a minimum of six months prior to the transfer;
- where the foreign salary currently paid by me does not meet the Irish National Minimum Wage hourly rate of pay or an hourly rate of pay fixed under or pursuant to any other enactment that applies to the employment concerned, I undertake to pay an additional payment to achieve at least the National Minimum Wage hourly rate or the hourly rate fixed under or pursuant to any other enactment and that this amount will appear on the foreign national's payslip for the duration of their assignment in the State;
- the Foreign National named in this application form will continue to be employed, salaried and paid under an employment contract outside the State by me, the Foreign Employer, as stated in Part 1 of this application form;
- in cases where I am assuming responsibility for the provision of board and accommodation (or either of them) and health insurance in respect of the Foreign National that:
 - appropriate board and accommodation (or either of them) will be provided for the Foreign National while he or she is
 - in the State to carry out duties for, or participate in a training programme provided by the Connected Person, appropriate Health Insurance will be provided in respect of the Foreign National should be or she require medical treatment for illness or injury during the period for which he or she will be in the State pursuant to the employment
 - where a person outside the State provides insurance for medical treatment in respect of the Foreign National, the health insurance has the same, or similar, effect as the health insurance provided by a health insurer entered in the Register of Health Benefits Undertakings referred to in section 14 of the Health Insurance Act 1994.

- in accordance with Section 23 of the Employment Permits Act 2006, as amended, I may not make any deductions from the remuneration of, or seek to recover from, the holder of the employment permit concerned any charge, fee or expense arising out of or concerning one or more of the following:
 - the application for the employment permit or any matter relating to or concerning such an application or the grant of the permit; or
 - any amount previously paid to the holder in respect of travelling expenses incurred by the holder in connection with taking up the employment in the State in accordance with Section 25 of the Employment Permits Act 2006, as
- a person who furnishes to the Minister, on an application under section 4, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an
- neither I, nor a person acting on my behalf, shall keep any personal document belonging to a holder of an employment permit.

Signature of Foreign Employer: (Original signature required)		
Name (in BLOCK CAPITALS):	SLOCK CAPITALS	Title:
Position Held:	BLOCK CXPITALS	Date: O O W M Y Y

Agent authorised by the		
Trusted Partner to deal employment permit	with	
applications	,	
	ne foreign national and the foreign employer n e copied any correspondence regarding this	nust be in agreement with the nomination of an application.
Agent Name (in BLOCK CAPITALS):	BLOCK CAPITALS	Title:
I understand that neither I, nor a person a Employment Permit.	acting on my behalf, shall keep any personal o	document belonging to a holder of an
Signature of Agent: (Original signature required)		Date: 0 0 4 4 7 7
Agent's Address for Correspondence:		
Address 1:	BLOCK CAL	TALE
Address 2:	BLOCK CAS	TTALS
Town:	BLOCK CAT	TTALI
County:	BLOCK CAT	TALS:
Country:	BLOCK CAP	ITALS
E-mail address:		
Telephone number:		
	named agent to act on my behalf in respect of	this application.
Signature of Foreign National: (Original signature required)		Date: 0 0 4 4 7 7
I, the Foreign Employer, permit the above	named agent to act on my behalf in respect	of this application.
Signature of Foreign Employer: (Original signature required)		Date:
Co	rtified Copy of Employme	nt Permit
The certified copy of the em	ployment permit will normally be po ompany/business address provided a	sted to the Connected Person at the
	Partner Registration	
Tick this box if you want the certified co	ppy of the employment permit to be posted to	this registered address.
	ppy of the employment permit to be posted to mit applications as part of the Trusted Partne	
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Requirements for Supporting Documentation

(A) Requirements for Connected Person

Additional documentation

The Minister may at times request information that might materially assist in making a decision on an application.

(B) Requirements for Foreign National

For all Foreign Nationals

- . Clear, legible copy (preferably in colour) of the personal details pages of the Foreign National's passport, showing his or her picture, personal details and his or her signature
- In the case of health professionals listed in Part B of Schedule 2 in the Principal Regulations, a copy of the registration with the appropriate medical body or recognition of qualifications from the relevant Minister of the Government.

For all Foreign Nationals resident in the State

Please supply your GNIB personal identification number which is shown on your GNIB card. If not available please supply a clear. legible copy (preferably in colour) of your current immigration stamps and visa.

Please Note: Original documents should not be submitted.

Important Note concerning the passport expiry date

In the case of all applications for employment permits, the Foreign National must hold a passport which is in date and valid for at least 12 months or more after the date of the application. Employment Permits cannot be considered for Foreign Nationals who do not fulfil this requirement.

(C) Application Requirements

For an employment in a restaurant or a fast food outlet

If the application is in respect of such employments the following additional documentation is required:

- copies of any certified qualifications of the Foreign National in respect of whom the application is made, and
- in the case of an application for employment as an executive chef, head chef, sous chef or specialist chef specialising in cuisine originating from a state that is not a Member State of the EEA, a statement from the Person who has made the offer of employment, confirming that the Foreign National in respect of whom the application is made shall be employed in an establishment other than a fast food outlet.

(D) Schedule of Fees

An application for a new employment permit shall be accompanied by the fee prescribed in the Principal Regulations for the purposes of section 5(2) of the Employments Permits Act 2006 (as amended). The current fees applicable are available on the Department's website.

90% of the fee will be refunded to the Applicant if the application is refused or withdrawn prior to the issuing of the permit.

No fees will be refunded if the Employment Permit holder ceases employment after the permit has been issued.

Employment Permits Section is unable to refund fees by payable order. If a refund of fees is due for any reason, a mandate form will be forwarded to the applicant for completion. The refund will be paid by EFT directly into the applicant's bank account, as per details provided on the mandate form.

Acceptable Forms of payment

In accordance with D/Finance Circular 1/2013, from 19 September 2014 (e-Day) the public sector will no longer accept cheques, bank drafts or postal orders from business users in respect of services rendered. To facilitate this, the Employment Permits Section now has a commercial bank account into which payments can be made by Electronic Funds Transfer (EFT). When an application is accepted as complete an email will issue to the applicant giving details of the amount of the fee due, the bank account into which the payment should be made and an Application ID number which must be used as the reference when making the payment.

For all other users, payment can continue to be made in the form of a Euro denominated cheque, bank draft or postal order, drawn on a financial institution operating within the Irish clearing system. Please note that all foreign drafts and cheques will be returned. Cheques should be made payable to: Department of Jobs, Enterprise & Innovation.

(E) Conditions of Issue of an Employment

- A. Issue of an Employment Permit in respect of a foreign national does not in itself authorise such a person to enter or reside within the State. Admission to the State and authorised duration of stay is subject to the control of the immigration Authorities.
- All Employment Permits are issued on the proviso that the named foreign national is paid, as a minimum, the remuneration specified on the Employment Permit. The only allowable deductions are those which appear on that Employment Permit. The remuneration being paid must be verifiable in the event of a National Employment Rights Authority (NERA) inspection. Failure to comply could lead to the revocation of the Employment Permit under section 16(1)(df) of the Employment Permits Act 2006, as amended. The Foreign National remains an employee of the Foreign Employer for the duration of the transfer. The Foreign National only performs the duties or undergoes the training in respect of which the Employment Permit is issued.
- Ċ.
- It is recommended that an application for an Employment Permit should be made at least 12 weeks before the foreign national is required to take up employment.
- F. Any application that contains omissions or is incorrectly completed will be returned to the applicant or the authorised agent (if applicable) for completion.

 G. A fee, as determined by the Minister for Jobs, Enterprise and Innovation is payable by the applicant or the authorised agent (if
- applicable) for each Employment Permit granted.
- In line with section 24 of the Employment Permits Act 2006, as amended, should the employment that is the subject of the Employment Permit cease, for whatever reason, the original and the certified copy of the Employment Permit must be returned to the Employment Permits Section within 4 weeks from the date of cessation. Failure to comply with this requirement is an offence.

Non-compliance with the provisions of the Aliens Act 1935, the Immigration Acts, the Employment Permits Acts 2003 and 2006, as amended and Orders made under these Acts is an offence punishable by Law.

(F) Declaration

Data Sharing and Data Protection

The Employment Permits Section may undertake verification of all data submitted on this application form. The Foreign Employer, the Foreign National and the authorised Agent (if applicable) are advised that in signing this application form they consent to allow the Employment Permits Section to share and request data as necessary, for the sole purpose of verifying the information submitted, between relevant Government Departments and Agencies

The signatories to this application may find further information concerning data sharing and the obligations of Data Controllers on the Data Protection Commissioner's website at www.dataprotection.ie. Alternatively, they may call: (057) 868 4800 / Lo-Call Number: 1890 252231

Please note that a percentage of all applications will be chosen at random for inspection by the National Employment Rights Authority (NERA). Relevant documents will have to be provided as part of this inspection. Under Section 16 (d) of the Employment Permits Act 2006, as amended, the Minister may revoke an employment permit if, in the opinion of the Minister, any information provided in respect of the application for it was false or misleading in a material respect.

In accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4 or 20, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

Furthermore, in accordance with Section 32 (1) of the Employment Permits Act 2006, as amended, a person guilty of an offence under section 18(2), 19(3), 23(4) or 25 is liable

- (a) on summary conviction, to a fine not exceeding €5,000 or imprisonment for a term not exceeding 12 months or both, or
 (b) on conviction on indictment, to a fine not exceeding €50,000 or imprisonment for a term not exceeding 5 years or both.

Please note: With effect from 2003, the names of all employers who employ employment permit holders, as well as the number of permits issued to that employer, are made publicly available on the Department's

(G) Application Form Checklist

Please ensure that the application form is completed correctly. The following checklist should be used to ensure that all required information/documentation is provided. Incomplete application forms will be returned to the applicant or authorised agent (if applicable).

Attach 1 passport sized photograph, with Foreign National's name printed on the back.

Part One - Details of the Connected Person's Trusted Partner Registration: Complete all guestions

Part Two - Details of Foreign National: Complete all questions

Please supply clear copies (preferably in colour) of the following:

- Passport pages showing photograph, personal details and expiry date. Immigration stamps (if GNIB personal identification number not available).
- Visa (if GNIB personal identification number not available).

Original documents should not be submitted.

Part Three - Details of Redundancy: Complete all guestions, as applicable.

Please complete in relation to any redundancies within the last 6 months in the employment that is the subject of the Employment Permit application.

Part Four - Details of Intra-Company Transfer: Complete all guestions.

Please complete in relation to the reason for the Intra-Company Transfer.

Part Five - Details of Employment: Complete all questions (unless otherwise specified)

Please supply copies of the following in the case of health professionals, including registered doctors and registered nurses who have not provided their Registration/PIN number at Part 5, Questions 3 and 4:

A copy of registration with the appropriate regulatory body or recognition of qualifications pursuant to Schedule 2 in the Principal

Please supply the following in the case of an employment in a restaurant or a fast food outlet:

- copies of any certified qualifications of the Foreign National in respect of whom the application is made, and
- in the case of an application for employment as an executive chef, head chef, sous chef or specialist chef specialising in cuisine originating from a state that is not a Member State of the EEA, a statement from the Person who has made the offer of employment, confirming that the Foreign National in respect of whom the application is made shall be employed in an establishment other than a fast food outlet.

Part Six - Details of Payment: Complete all questions

- Include the appropriate fee if required (see (the current fees applicable are available on the Department's website).
- Sign Payer declaration original signature required.
- If applicable, clear photocopies of the relevant pages of the EEA Spouse/Civil Partners' current passport showing his or her picture, personal details, passport expiry date and his or her signature, and a copy of the marriage certificate or the civil partnership registration evidencing the relationship of the Foreign National and the EEA national.

Part Seven - Acceptance of Terms & Conditions

Sign and date the appropriate declarations - original signatures required.

EMPLOYMENT PERMITS SECTION

Contact Details

E-mail: employmentpermits@djei.ie

> 353-1-417 5333 LoCall: 1890 201 616

(from within Ireland only)

Fax: 353-1-631 3268 Address:

Call Centre:

Davitt House 65a Adelaide Road Dublin 2 Ireland

Employment Permits Section Web pages

Information and application forms may be downloaded from the Employment Permits Section web pages on the Department of Jobs, Enterprise and Innovation's website.

PLEASE NOTE: The pages giving details on Requirement for Supporting Documentation and Application Form Checklist - parts A, B, C, D, E, F and G are for instruction purposes only. It is not necessary to include these pages when submitting the completed application form.

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Form E

Application form for grant of Contract for Services Employment Permit



TPCFSEP001/15

Application by Trusted Partner for a Contract for Services Employment Permit NEW Application

This form should be used where an EEA Contractor has been granted Trusted Partner status by the Department of Jobs, Enterprise and Innovation and has been issued with a Trusted Partner Registration Number and where they wish to apply for:

- An Employment Permit to provide for the employment in the State of a Foreign National, who is employed by the Contractor outside the State, to perform duties in the State for an Irish entity (Relevant Person) in situations where the foreign employer (Contractor) and the Irish entity (Relevant Person) have entered into a contract service agreement.
- The Foreign National must have a minimum of 6 months continuous employment with the Contractor prior to the transfer and the duration of the transfer must be at least 90 days. For permission to work for a period of less than 90 days, the Altypical Working Scheme operated by the Department of Justice and Equality may be appropriate.

Before completing this form, please read the relevant permit information which is available on the Department's website. Complete ALL parts of this form as required in BLOCK CAPITALS. The Relevant Person, the Foreign National and the Agent (if applicable), must sign the declarations at the end of the form.

INCOMPLETE FORMS WILL BE RETURNED TO THE CONTRACTOR OR THE AUTHORISED AGENT (IF APPLICABLE).

Passport Photograph

X1

Please print the Foreign National's name on the back of photograph and staple here.

TPCFSEP001/15

Who is applying for the permit (i.e. Who is the applicant)?

In accordance with the Employment Permits Act 2006, as amended, the Contractor (foreign employer) must be the applicant in respect of all Contract for Services Employment Permit applications.

Part One	70000	Tru	sted	Par	tne	r D	eta	ils			
Registered name of Company/ Business:											
Employer Registered Number: (obtained from the Revenue Commissioners)			П		I	I	Ι	I			
Trusted Partner Registration Number: obtained from the Department of Jobs, Enterprise and nnovation)	9	5	0		Ĭ		Ĭ		Ĭ	ľ	
. Number of EEA* and/or Swiss nationals (including Irish) currently employed by the Contractor:			5. 1	lumber emplo					urrenti	У	
i. Is all of the information provided by the Contractor in their application for Trusted Partner Registration ctill valid and in-date?	Ye	5.				No).				
The EEA comprises the Member States of the European (Union:	fogethe	er with Icel	and, No	rway 8	Liecht	tenste	in.			

Page 1

" If the Foreign National is in the State but does not have a GNIB personal identification number then please supply a copy of the current immigration stamps and vise.

GNIB Pin No.

Enter these details exactly as they appear on the Foreign National's GNIB card*

Dept. No.

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Page 3 TPCFSEP001/15

Part Three	Details of F	Redundancy
	rson in respect of any dismissals by reason o I where such dismissal was attributable wholl	f redundancy within the meaning of section 9 of the y or mainly to the conditions specified in paragraphs
Please complete below in full.		
	Person been made redundant in the employent Permit application over the last six months	
six months please outline the reason employment that have been made re	n(s) for the redundancies. This should include dundant and explain how the position, which	t of this Employment Permit application over the last information on the numbers of positions in that is the subject of this Employment Permit application, on a separate sheet if required and append it to the
I hereby solemnly declare the above	information to be true and accurate.	.,1
Signature of Relevant Person: (Original signature required)		
Name (in BLOCK CAPITALS):	BLOCK CAPITALS	Title:
Position Held:	BLOCK CAPITALS	Date: 0 0 M M V V
	Page 4	TPCFSEP001/15

Details of services to be provided as part of the Contract Service Agreement Part Four

Current Position of Foreign National:	BLOCK CAPITALI	
Length of time that Foreign National ha (The Foreign National must be employed	ad been with the Contractor prior to transfer:	
Documentary evidence may be requested in	The state of the s	
	be provided as part of the Contract Service Agreemen	at. This should include a description
the functions that will be undertaken by	y the Foreign National in the State.	st. This should include a description
	Page 5	TPCFSEP001
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_	rt Five		De	etails	of Emp	oloym	ent	
Title	of Job:				SLOCK C	APITALS		
	NOT	E: Questions 2 a	nd 3 to	be complet	ed by Health	Profession	nals only.	
Regu	alatory Body:				BLOOK C	APITALE		
Regi	stration/Pin No.:							
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oplica	tions for other Health P	rofessionals listed in F	Part B of S	chedule 2 in th			ovide a copy of th	eir registration
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Part Five A De	
	tails of Advertisement
provided below, to offer the employment that is the subject of the C	Permit application is required in all cases, other than the exemptions ontract for Services Employment Permit application to an Irish or EEA eds Test must be conducted within the 90 day period preceding the date bour Market Needs Test has been completed.
The Labour Market Needs Test is not required in respect of the following	ng applications:
 required for the proper functioning of the economy and which applications in respect of all other employments with an annual 	rtage in respect of the relevant qualifications, skills or experience which are n employments are listed in Schedule 3 in the Principal Regulations, aal remuneration of €60,000 or more, other than those employments for employments are listed in Schedule 4 in the Principal Regulations, and f.
The requirements of the Labour Market Needs Test are that the emplo application must be:	yment that is the subject of the Contract for Services Employment Permit
advertised with the Department of Social Protection Employ weeks, and advertised for three days in a national newspaper, and advertised in either a local newspaper or a job website (sepa	ment Services/EURES employment network for a period of at least two arate to DSP/EURES websites) for three days.
More information about the Department of Social Protection Employme	ent Services/EURES employment network can be found on:
All Contract for Services Employment Permit applications must, if appli the Department of Social Protection Employment Services/EURES Em advertisements with the application.	cable, provide the vacancy reference number of their advertisement with playment Network below, and attach copies of the other required
Please provide the Department of Social Protection Employment Services/EURES Employment Network Reference Number of your advertisement (if applicable):	
You must now attach the documents outlined in Requirements for	or Supporting Documentation under "(C) Application Requirements".

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Part Six		Red	quirem	ent for	Payn	nent			
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no fee is payable proceed t	o Part Seven.								
			Details	of Pay	ymen				
mportant Note for Business in accordance with D/Finance (ostal orders from business us- aper based payments from bu- unds Transfer (EFT). business user applicants for in e-mail address to request	Circular 1/2013, from in respect of a siness users and employment pe	om 19 Septemb services renders has set up a co rmits should c	per 2014 (e-Day ed. To facilitate ommercial bank omplete the Ce) the public secti this, the Employ account into whi	ment Permit ch payments ! Payer (Que	Section was can be ma	vill no lo ade by E 2, 3, 4, 5	lectron	cepi ic
and 11) and Payers Declaration imployment Permits Section he amount of the fee due, the in the reference when making the	on below and the as complete. A bank account into	e relevant pays in e-mail will iss	ment will be re- ue to the applic	quested when a ant and their aut	n applicatio horised agen	n is accept t (if applica	ited into	the ing deta	ils
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Part Seven

Acceptance of Terms & Conditions

Declaration of Foreign National

I, the undersigned, agree to perform the duties with the Relevant Person on the basis of this application. I hereby solemnly declare that:

for the position on offer, as I have been employed by the I will continue to be employed.	elevant to the position on offer; wher of the relevant professional body purs s stated in Part 5 of the application form (if the Contractor named in this application for yed, salaried and paid under an employmen	applicable); m for a minimum of six	months prior to this application;
this application form; and	in the State		
I will be fully tax compliant	in the state.		
who furnishes to the Minister, on an	pt that in accordance with Section 25 of the application under section 4, information the sing reckless as to whether it is so false or	at is false or misleading	in a material respect knowing
Planta de Paralla			-
Signature of Foreign		Title:	
Original signature required)		550000	
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lame (in BLOCK CAPITALS):	BLOCK CAPITALS	Date:	D M W Y Y
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our employment permit will	normally be posted to you at your		in Part 2 of this Form.
ick this box if you want your permi	t to be posted to your current address.		
		. D	
ick this box if you want your permi	t to be posted to the Contractor as stated in	Part 1 of this Form.	
	t to be posted to the Agent who was author	ised to deal with	
employment permit applications as	part of the Trusted Partner Registration.		
			-
Declaration of Balay	ant Parson		
Declaration of Releva	ant Person		
ervice agreement between the Con	nfirm that the Foreign National will be perform tractor and me and I understand that the For a after the completion of the duties which a	oreign National will be r	eturning to his/her employment
understand and accept that:			1.74
	n 25 of the Employment Permits Act 2006,	as amended, a person	who furnishes to the Minister, or
	tion 4, information that is false or mislead iss as to whether it is so false or misleading	fing in a material resp	
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misleading or being reckle	ns as to whether it is so false or misleading on my behalf, shall keep any personal d	fing in a material resp g is guilty of an offence. ocument belonging to a Title:	holder of an employment permit.

	with	ust be in agreement with the nomination of an
Agent Name (in BLOCK CAPITALS):	ELOCK CAPITALS	Title:
I understand that neither I, nor a person a Employment Permit.	acting on my behalf, shall keep any personal	document belonging to a holder of an
Signature of Agent: (Original signature required)		Date: 0 0 11 14 7 7
Agent's Address for Correspondence:		
Address 1:	BLOCK: CA	PITALS
Address 2:	BLOCK CA	PITALS
Town:	BLOCK CA	PITALO
County:	BLOCK CA	PITALS
Country:	BLOCK CA	PITALE
E-mail address:		
I, the Foreign National, permit the above	named agent to act on my behalf in respect o	f this application.
Signature of Foreign National: (Original signature required)	78 889 00 00 00 00 00 00 00 00 00 00 00 00 00	Date: 0 0 4 4 7 7
I, the Relevant Person, assent to the above	ve named agent acting on behalf of the Contr	actor in respect of this application.
Signature of Relevant Person: (Original signature required)		Date: 0 0 4 4 7 7
The certified copy of the emplo	tified Copy of Employment byment permit will normally be poster by/business address provided as part Partner Registration	ed to the Contractor at the registered
Tick this box if you want the certified cop	y of the employment permit to be posted to t	his registered address.
	y of the employment permit to be posted to y nit applications as part of the Trusted Partner	

Requirements for Supporting Documentation

(A) Requirements for Contractor

Additional documentation

The Minister may at times request information that might materially assist in making a decision on an application.

(B) Requirements for Foreign National

For all Foreign Nationals

- Clear, legible copy (preferably in colour) of the personal details pages of the Foreign National's passport, showing his or her picture, personal details and his or her signature.
- In the case of health professionals listed in Part B of Schedule 2 in the Principal Regulations, a copy of the registration with the appropriate medical body or recognition of qualifications from the relevant Minister of the Government.

For all Foreign Nationals resident in the State

 Please supply your GNIB personal identification number which is shown on your GNIB card. If not available please supply a clear, legible copy (preferably in colour) of your current immigration stamps and visa.

Please Note: Original documents should not be submitted.

Important Note concerning the passport expiry date

In the case of all applications for employment permits, the Foreign National must hold a passport which is in date and valid for at least 12 months or more after the date of the application. Employment Permits cannot be considered for Foreign Nationals who do not fulfil this requirement.

(C) Application Requirements

Labour Market Needs Test

If applicable, please provide copies of newspaper and website advertisements which show clearly the dates of publication of such advertisements.

(D) Schedule of Fees

An application for a new employment permit shall be accompanied by the fee prescribed in the Principal Regulations for the purposes of section 5(2) of the Employments Permits Act 2006 (as amended). The current fees applicable are available on the Department's website.

Refunds

90% of the fee will be refunded to the Applicant if the application is refused or withdrawn prior to the issuing of the permit.

No fees will be refunded if the Employment Permit holder ceases employment after the permit has been issued.

Employment Permits Section is unable to refund fees by payable order. If a refund of fees is due for any reason, a mandate form will be forwarded to the applicant for completion. The refund will be paid by EFT directly into the applicant's bank account, as per details provided on the mandate form.

Acceptable Forms of payment

In accordance with D/Finance Circular 1/2013, from 19 September 2014 (e-Day) the public sector will no longer accept cheques, bank drafts or postal orders from business users in respect of services rendered. To facilitate this, the Employment Permits Section now has a commercial bank account into which payments can be made by Electronic Frunds Transfer (EFT). When an application is accepted as complete an email will issue to the applicant giving details of the amount of the fee due, the bank account into which the payment should be made and an Application ID number which must be used as the reference when making the payment.

For all other users, payment can continue to be made in the form of a Euro denominated cheque, bank draft or postal order, drawn on a financial institution operating within the Irish clearing system. Please note that all foreign drafts and cheques will be returned. Cheques should be made payable to: **Department of Jobs, Enterprise & Innovation**.

(E) Conditions of Issue of an Employment

- A. Issue of an Employment Permit in respect of a foreign national does not in itself authorise such a person to enter or reside within the State. Admission to the State and authorised duration of stay is subject to the control of the immigration Authorities.

 B. All Employment Permits are issued on the proviso that the named foreign national is paid, as a minimum, the remuneration
- specified on the Employment Permit. The only allowable deductions are those which appear on that Employment Permit. The remuneration being paid must be verifiable in the event of a National Employment Rights Authority (NERA) inspection. Failure to comply could lead to the revocation of the Employment Permit under section 16(1)(df) of the Employment Permits Act 2006, as
- C. The Foreign National remains an employee of the Foreign Employer for the duration of the transfer. The Foreign National only performs the duties in respect of which the Employment Permit is issued.
- E. It is recommended that an application for an Employment Permit should be made at least 12 weeks before the foreign national is
- required to take up employment.

 F. Any application that contains omissions or is incorrectly completed will be returned to the applicant or the authorised agent (if applicable) for completion.
- G. A fee, as determined by the Minister for Jobs, Enterprise and Innovation is payable by the applicant or the authorised agent (if applicable) for each Employment Permit granted.
- In line with section 24 of the Employment Permits Act 2006, as amended, should the employment that is the subject of the Employment Permit cease, for whatever reason, the original and the certified copy of the Employment Permit must be returned to the Employment Permits Section within 4 weeks from the date of cessation. Failure to comply with this requirement is an offence.

Non-compliance with any provision of the Aliens Act 1935, the Immigration Acts, the Employment Permits Acts 2003 and 2006, as amended, or any Order made under these Acts is an offence punishable by Law.

(F) Declaration

Data Sharing and Data Protection

The Employment Permits Section may undertake verification of all data submitted on this application form. The Relevant Person, the Foreign National and the authorised Agent (if applicable) are advised that in signing this application form they consent to allow the Employment Permits Section to share and request data as necessary, for the sole purpose of verifying the information submitted, between relevant Government Departments and Agencies.

The signatories to this application may find further information concerning data sharing and the obligations of Data Controllers on the Data Protection Commissioner's website at www.dataprotection.je. Alternatively, they may call: (057) 868 4800 / Lo-Call Number: 1890 252231.

Please note that a percentage of all applications will be chosen at random for inspection by the National Employment Rights Authority (NERA). Relevant documents will have to be provided as part of this inspection. Under Section 16 (d) of the Employment Permits Act 2006, as amended, the Minister may revoke an employment permit if, in the opinion of the Minister, any information provided in respect of the application for it was false or misleading in a material respect.

In accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4 or 20, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is quity of an offence.

Furthermore, in accordance with Section 32 (1) of the Employment Permits Act 2006, as amended, a person guilty of an offence under section 18(2), 19(3), 23(4) or 25 is liable

- (a) on summary conviction, to a fine not exceeding €5,000 or imprisonment for a term not exceeding 12 months or both, or
- (b) on conviction on indictment, to a fine not exceeding €50,000 or imprisonment for a term not exceeding 5 years or both.

Please note: With effect from 2003, the names of all employers who employ employment permit holders, as well as the number of permits issued to that employer, are made publicly available on the Department's website

(G) Application Form Checklist

Please ensure that the application form is completed correctly. The following checklist should be used to ensure that all required information/documentation is provided. Incomplete application forms will be returned to the applicant or authorised agent (if applicable).

Attach 1 passport sized photograph, with Foreign National's name printed on the back

Part One - Details of the Contractor's Trusted Partner Registration: Complete all questions

Part Two - Details of Foreign National: Complete all questions

Please supply clear copies (preferably in colour) of the following:

- · Passport pages showing photograph, personal details and expiry date.
- Immigration stamps (if GNIB personal identification number not available).
- Visa (if GNIB personal identification number not available).

Original documents should not be submitted.

Part Three - Details of Redundancy: Complete all questions, as applicable.

- Please complete in relation to any redundancies within the last 6 months in the employment that is the subject of the Employment Permit application.
- . Sign and date the declaration original signature required.

Part Four - Details of services to be provided under the Contract Service Agreement: Complete all questions.

Please complete in relation to the details of the services to be provided as part of the contract service agreement.

Part Five - Details of Employment: Complete all questions (unless otherwise specified)

Please provide copies of newspaper and website advertisements which show clearly the dates of publication of such advertisements.

Please supply copies of the following in the case of health professionals, including registered doctors and registered nurses who have not provided their Registration/PIN number at Part 5, Questions 3 and 4:

 A copy of registration with the appropriate regulatory body or recognition of qualifications pursuant to Schedule 2 in the Principal Regulations.

Part Six - Details of Payment: Complete all questions

- Include the appropriate fee if required (the current fees applicable are available on the Department's website).
- Sign Payer declaration original signature required.
- If applicable, clear photocopies of the relevant pages of the EEA Spouse/Civil Partners' current passport showing his or her picture, personal details, passport expiry date and his or her signature, and a copy of the marriage certificate or the civil partnership registration evidencing the relationship of the Foreign National and the EEA national.

Part Seven - Acceptance of Terms & Conditions

· Sign and date the appropriate declarations - original signatures required.

EMPLOYMENT PERMITS SECTION

Contact Details

E-mail: employmentpermits@djei.ie

Call Centre: 353-1-417 5333

LoCall: 1890 201 616 (from within Ireland only)

Fax: 353-1-631 3268
Address: Davitt House

Davitt House 65a Adelaide Road Dublin 2

ireland

Employment Permits Section Web pages

Information and application forms may be downloaded from the Employment Permits Section web pages on the Department of Jobs, Enterprise and Innovation's website.

PLEASE NOTE: The pages giving details on Requirement for Supporting Documentation and Application Form Checklist – parts A, B, C, D, E, F and G are for instruction purposes only. It is not necessary to include these pages when submitting the completed application form.

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TPCFSEP001/15

Form F

Application form for grant of Reactivation Employment Permit



TPREP001/15

Application by Trusted Partner for a Reactivation **Employment Permit New Application**

This form should be used where the Person who has made the offer of employment has been granted Trusted Partner status by the Department of Jobs, Enterprise and Innovation and has been issued with a Trusted Partner Registration Number and where they wish to apply for:

- an Employment Permit to facilitate the employment of a foreign national who has received permission from the Minister for Justice and Equality to be in the State for the purposes of making an application for a Reactivation Employment Permit, and
- in respect of any employment other than that of a domestic operative

Complete ALL parts of this form as required in BLOCK CAPITALS. The Foreign National and the Agent (if applicable), must sign the declarations at the end of the form. INCOMPLETE FORMS WILL BE RETURNED TO THE APPLICANT OR THE AUTHORISED AGENT (IF APPLICABLE).

Recent Passport Photograph

Please print Foreign National's name back of photograph and staple here.

Who is applying for the permit (i.e. Who is the applicant)?

The Person who has made the offer of employment must be the applicant for an employment permit under the Trusted Partner Initiative.

Health Professional

If this is an application for a Health Desface and listed in Dart A or Dart D of Schedule 2 in the

Part One	Tru	ıste	ed	P	ar	tne	er l	De	tai	s		
1. Registered name of Company/ Business:												
Employer Registered Number: (obtained from the Revenue Commissioners)							I	Ι	I			
3.Trusted Partner Registration Number: (obtained from the Department of Jobs, Enterprise and Innovation)	9	5	0			Ι		Ι				
Number of EEA* and/or Swiss nationals (including Irish) currently employed by the Person who has made the offer of employment:			6	en	ploy	ed by		rson v		rrently is made	•	
Is all of the information provided by the Person who has made the offer of employment in their application for Trusted Partner Registration still valid and in-date?	Yes						No	ę				_

TPREP001/15

Part Two	Details of F	oreign N	National
1. Passport Number:			
2. Expiry Date:	O M M Y Y	Enter	these details
3. Nationality:	BLOCK CAPITALS		s they appear on reign National's
4. First Name:	BLOCK CAPITALS	1	passport.
5. Middle Name(s):	BLOCK CAPITALS		
6. Family Name:	BLOCK CAPITALS		
7. Date of Birth:	O M M Y Y	8. Male:	9. Female:
10. Current Address (foreign ac	ddress required if residing outside the State):		
Address 1:	BLOCK (CAPITALS	
Address 2:	BLOCK	ZAPITALS	
Town:	BLOCK	CAPITALS	
County:		CAPITALS	
Country:	BLOCK	LAPITALS	
11. Telephone No.:	12: Mol	oile Phone No.:	
13. Please provide the Foreign 14. E-mail address: 15. Is the Foreign National curr	National's PPS Number if available:	Yes	No No
If 'Yes' on what basis are complete GNIB card deta	they currently in the State, please describe, alls, as requested, below:	and	OCK-CAPITALS
	BLOCK CAPITA	. 9	
Ent	ter below details exactly as they appear on th	e Foreign National's	s GNIB card*.
GNIB Pin No.	Dept	. No.	
*If the Foreign National is in the : immigration stamps and visa.	State but does not have a GNIB personal identifi	cation number then p	lease supply a copy of the current
If the Foreign National ha working lawfully during ti	is held consecutive employment permits for a his time, sihe may be eligible to apply for a S ration Service. However, if the Foreign Natio	tamp 4 permission t	o remain from the Irish
	mitting this application the Foreign National t an employment permit is still required.	confirms that s/he h	as considered the available
Enter education details of th	e Foreign National below, which are relevant	to the Job Offer as	stated in Part 4 of the application form
 Highest level of Qualification relevant to the employment: e.g. Certificate, Diploma, Degree, etc. 	BLOCK CAPITALS	17.	Date of Completion:
18. Title of Course:	8100	IK CAPITALS	
19. Final Subjects Taken:	BLOCK CAPITALS		BLOCK CAPITALS
	Page 2		TPREP001/15

	SLOCK CAPITALS	GLOCK CAPITALS
	GLOCK CAPITALS	BLOCK CAPITALS
	BLOCK CAPITALS	BLOOK CAPITALS
Result Achieved: e.g. 2.1		
Has the Foreign National postate?	reviously made an application for asylum in the	Yes No
Has the Foreign National so previous occasion?	ought permission to land in the State on a	Yes No
If 'Yes' please describe o indicate whether or not p	on what basis the permission was sought and permission was granted:	BLOOK CAPITALS
	SLOCK CAPITALS	
permission?	een in the State on a previous occasion without rently employed in the State?	Yes No No
n rea presse describe o	BLOCK CAPITALS	0,000,000,000
las the Foreign National b	een employed in the State previously?	Yes No
If 'Yes' please describe o	on what permission they had to be employed:	BLOCK CAPITALS
	BLOCK CAPITALS	
s the Foreign National mar EEA national?	rried to, or in a civil partnership with an Irish or	Yes No
If 'Yes' what nationality is	s their spouse/partner?	BLOCK CAPITALS
	spouse, civil partner or dependant of, the holder or the holder of any other type of permission to	Yes No
		Documentation under "(B) Foreign Na

Details of Redundancy Part Three To be completed by the Person who has made the offer of employment in respect of any dismissals by reason of redundancy within the meaning of section 9 of the Redundancy Payments Act 1967 and where such dismissal was attributable wholly or mainly to the conditions specified in paragraphs (a), (b), (c), (d) or (e) of section 7(2) or to section 21 of that Act. Please complete in full. Have any employees of the Person who has made the offer of employment been made redundant in the employment that is the subject of this Employment Permit application Yes No If any employees have been made redundant in the employment that is the subject of this Employment Permit application over the last six months please outline the reason(s) for the redundancies. This should include information on the numbers of positions in that employment that have been made redundant and explain how the position, which is the subject of this Employment Permit application, differs from those positions in that employment made redundant. Please continue on a separate sheet if required and append it to the application form.

Part Four	De	tails	of Emplo	yment
1. Title of Job:		BLOCK	CAPITALS	
	e completed by He and Part B of Sch			curity Personnel who are listed in gulations.
2. Regulatory Body:		BLOC	K CAPITALS	
3. Registration/Pin/ Licence No.:				
If the application is in respect of Regis please provide your registration detail				of Schedule 2 in the Principal Regulations
Applications for other Health Profession with the appropriate medical body or a				ns must provide a copy of their registration ith.
4. Place(s) at which the employment	concerned is to be carr	ried out:	8110	OCK CAPITALS
		BLOCK	CAPITALS	
5. Proposed Period of Employment Permit (maximum of 2 years)	1	:		
6. Proposed Start Date*:	D D M M	YY		
*We recommend all Employment Permi employment.	t applications be submitte	ed to the Dep	J artment at least 12 wee	eks before the proposed start date of
7. Gross Annual Remuneration*	€		(Gross remuneration	on excludes overtime or
8. Gross Annual Salary: (if different from above)	E			
9. Gross Weekly Salary:	€		10. Hourly Rate of Pay:	€
11. Deductions from Gross Weekly Salary:	E		Please specify purpose of deductions:	SLOCK CAPITALS
12. Health Insurance*:	E		Please specify name of Health Insurance	BLOCK CAPITALS:
* All amounts which make up the basic Annual Remuneration this must be verif the event of a National Employment Rig	lable by way of supporting	g documenta		isurance is being included in the Gross such documentation may also be required in
* Health Insurance can only be consider Undertakings referred to in section 14 o	red if the provider of the i	health insuran	ce is a person entered	in the Register of Health Benefits
13. Number of hours of work per week*:		700000		
*Please note that for the purposes of Er	nployment Permit Applic	ations, the sta	ndard working week is	39 hours per week.
14. What are the main functions of th	is job:		вьоск (DAPITALS
	Ð1,	OCK CAP	TALE	
15. Please detail the qualifications, si experience required for this job:	kills, knowledge and		BLOCK	CAPITALS
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	91.	OCK CAP	TALS.	
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Tou use an Agent/Recruitment Agency to recruit the Foreign National? If 'Yes' please provide name and address of the gent/Recruitment Agency: BLOCK CAPITALS BLOCK CAPITALS STORY OF PLEASE PROVIDED BLOCK CAPITALS BLOCK CAPITALS BLOCK CAPITALS BLOCK CAPITALS STORY STORY OF SUPPORTING Documentation under *(C) Applies The Agency of the Supporting Documentation under *(C) Applies The Agency of the Supporting Documentation under *(C) Applies The Agency of the Supporting Documentation under *(C) Applies The Agency of the Supporting Documentation under *(C) Applies The Agency of the Supporting Documentation under *(C) Applies The Agency of the Supporting Documentation under *(C) Applies The Agency of the Supporting Documentation under *(C) Applies The Agency of the Supporting Documentation under *(C) Applies The Agency of the Supporting Documentation under *(C) Applies The Agency of the Supporting Documentation under *(C) Applies The Agency of the Supporting Documentation under *(C) Applies The Agency of the Supporting Documentation under *(C) Applies The Agency of the Supporting Documentation under *(C) Applies The Agency of the Supporting Documentation under *(C) Applies The Agency of the Supporting Documentation under *(C) Applies The Agency of the Supporting Documentation under *(C) Agency of the Supporti	
rou use an Agent/Recruitment Agency to recruit the Foreign National? Yes If 'Yes' please provide name and address of the Agent/Recruitment Agency: BLOCK CAPITALS BLOCK CAPITALS 'No' please provide details of the ecruitment method: BLOCK CAPITALS BLOCK CAPITALS BLOCK CAPITALS	
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f 'Yes' please provide name and address of the agent/Recruitment Agency: BLOCK CAPITALS BLOCK CAPITALS "No' please provide details of the ecruitment method: BLOCK CAPITALS BLOCK CAPITALS BLOCK CAPITALS	
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st now attach the documents outlined in Requirement for Supporting Documentation under "(C) Applic applicable)	ation Requireme
applicable)	
Danie &	

the mandate form.

Part Six

Acceptance of Terms & Conditions

Declaration of Foreign National

I, the undersigned, agree to undertake employment on the above basis and I understand that, while in employment in the State, I will be entitled to the full benefit of all the relevant Irish Employment Rights Legislation.

I hereby solemnly declare that:

- the qualifications, skills, knowledge and experience I have attained are as stated in Part 2 of the application form and they
 correspond with and are relevant to the position on offer;
- I am a fully accredited member of the relevant professional body pursuant to Part C of Schedule 2 in the Principal Regulations for the position on offer, as stated in Part 4 of the application form (if applicable);
- If this application is for a Critical Skills Employment Permit, I have received a job offer of 2 years, or more, from the Person who has made the offer of employment, as stated in Part 1 of the application form;
- if this application is for an employment in respect of a Carer in a private home and an employment permit is granted, I will
 have no objection to an Inspector from the National Employment Rights Authority (NERA) visiting the premises where
 employment is being carried out and to speak to me and the employer should the need arise; and
- · I will be fully tax compliant;

and that to the best of my knowledge and belief:

I will be employed, salaried and paid under an employment contract governed by the laws of the State by the Person who
has made the offer of employment, as stated in Part 1 of the application form;

Furthermore, I understand and accept that in accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

Signature of Foreign National: Original signature required)		Title:	
Name (in BLOCK CAPITALS):	BLOCK CAPITALS	Date: O D M	u y y
Tick this box if you want your permit fick this box if you want your permit as stated in Part 1 of this Form.	Original of Employment normally be posted to you at your of to be posted to your current address. To be posted to the Person who has made that to be posted to the Agent who was authoristant of the Trusted Partner Registration.	urrent address as in Part 2	of this Form.
	Dana 8		TDDE DOM/146

Agent authorised by the Trusted Partner to deal with employment permit applications To ensure privacy of data is respected, the foreign national must be in agreement with the nomination of an agent and must sign below. Agents will be copied any correspondence regarding this application. Agent Name (in BLOCK CAPITALS): Title: I understand that neither I, nor a person acting on my behalf, shall keep any personal document belonging to a holder of an **Employment Permit.** Signature of Agent: Date: (Original signature required) Agent's Address for Correspondence: Address 1: Address 2: County: Country: E-mail address: Telephone number: I, the Foreign National, permit the above named agent to act on my behalf in respect of this application. Signature of Foreign National: (Original signature required) Certified Copy of Employment Permit The certified copy of the employment permit will normally be posted to the Person who has made the offer of employment at the registered company/business address provided as part of the Trusted Partner Registration Tick this box if you want the certified copy of the employment permit to be posted to this registered address. Tick this box if you want the certified copy of the employment permit to be posted to you the Agent who was authorised to deal with employment permit applications as part of the Trusted Partner Registration.

Requirements for Supporting Documentation

(A) Requirements for Person who has made the offer of employment

Additional documentation

The Minister may at times request information that might materially assist in making a decision on an application.

(B) Requirements for Foreign National

For all Foreign Nationals

- Clear, legible copy (preferably in colour) of the personal details pages of the Foreign National's passport, showing his or her picture, personal details and his or her signature.
- In the case of health professionals listed in Part B of Schedule 2 in the Principal Regulations, a copy of the registration with the appropriate medical body or recognition of qualifications from the relevant Minister of the Government.

For all Foreign Nationals resident in the State

 Please supply your GNIB personal identification number which is shown on your GNIB card. If not available please supply a clear, legible copy (preferably in colour) of your current immigration stamps and visa.

Please Note: Original documents should not be submitted.

Important Note concerning the passport expiry date

In the case of all applications for employment permits, the Foreign National must hold a passport which is in date and valid for at least 12 months or more after the date of the application. Employment Permits cannot be considered for Foreign Nationals who do not fulfil this requirement.

(C) Application Requirements

Please provide a copy of the Reactivation Employment Permit letter issued to the Foreign National by the Department of Justice and Equality.

For an employment in a restaurant or a fast food outlet

If the application is in respect of such employments the following additional documentation is required:

copies of any certified qualifications of the Foreign National in respect of whom the application is made.

For an employment as a Carer in a private home

If the application is in respect of such eligible employments the following additional documentation is required:

- · In the case of a trained medical professional:
 - (a) copies of qualifications confirming that the Foreign National in respect of whom the application is made is a trained medical professional in a profession listed in Part A of Schedule 2 in the Principal Regulations, and
 - a letter from a registered medical practitioner specialising in the area of illness of the person for whom the Foreign National will be carring, confirming that that person has a severe medical condition, or
- In the case of a Carer with a long history of care:
 - (a) a copy of a P60, payslips, a notarised letter or an affidavit establishing that the Foreign National in respect of whom the application is made has a long history of caring for the person concerned, and a letter from a registered medical practitioner specialising in the area of illness of the person for whom the Foreign National will be caring confirming that that person has special care needs.

(D) Schedule of Fees

An application for a new employment permit shall be accompanied by the fee prescribed in the Principal Regulations for the purposes of section 5(2) of the Employments Permits Act 2006 (as amended). The current fees applicable are available on the Department's website.

Refunds

90% of the fee will be refunded to the Applicant if the application is refused or withdrawn prior to the issuing of the permit. No fees will be refunded if the Employment Permit holder ceases employment after the permit has been issued.

Employment Permits Section is unable to refund fees by payable order. If a refund of fees is due for any reason, a mandate form will be forwarded to the applicant for completion. The refund will be paid by EFT directly into the applicant's bank account, as per details provided on the mandate form.

Acceptable Forms of payment

In accordance with D/Finance Circular 1/2013, from 19 September 2014 (e-Day) the public sector will no longer accept cheques, bank drafts or postal orders from business users in respect of services rendered. To facilitate this, the Employment Permits Section now has a commercial bank account into which payments can be made by Electronic Funds Transfer (EFT). When an application is accepted as complete an email will issue to the applicant giving details of the amount of the fee due, the bank account into which the payment should be made and an Application ID number which must be used as the reference when making the payment.

For all other users, payment can continue to be made in the form of a Euro denominated cheque, bank draft or postal order, drawn on a financial institution operating within the Irish cleaning system. Please note that all foreign drafts and cheques will be returned. Cheques should be made payable to: **Department of Jobs, Enterprise & Innovation**.

(E) Conditions of Issue of an Employment Permit

- A. Issue of an Employment Permit in respect of a foreign national does not in itself authorise such a person to enter or reside within the State. Admission to the State and authorised duration of stay is subject to the control of the Immigration Authorities.
- B. All Employment Permits are issued on the proviso that the named foreign national is paid, as a minimum, the remuneration specified on the Employment Permit. The only allowable deductions are those which appear on that Employment Permit. The remuneration being paid must be verifiable in the event of a National Employment Rights Authority (NERA) inspection. Failure to comply could lead to the revocation of the Employment Permit under section 16(1)(df) of the Employment Permits Act 2006, as amended.
- C. It is recommended that an application for an Employment Permit should be made at least 12 weeks before the foreign national is required to take up employment.
- Any application that contains omissions or is incorrectly completed will be returned to the applicant or the authorised agent (if applicable) for completion.
- E. A fee, as determined by the Minister for Jobs, Enterprise and Innovation is payable by the applicant or the authorised agent (if applicable) for each Employment Permit granted.
- F. In line with section 24 of the Employment Permits Act 2006, as amended, should the employment that is the subject of the Employment Permit cease, for whatever reason, the original and the certified copy of the Employment Permit must be returned to the Employment Permits Section within 4 weeks from the date of cessation. Failure to comply with this requirement is an offence.

Non-compliance with any provision of the Aliens Act 1935, the Immigration Acts, the Employment Permits Acts 2003 and 2006, as amended or any Order made under these Acts is an offence punishable by Law.

(F) Declaration

Data Sharing and Data Protection

The Employment Permits Section may undertake verification of all data submitted on this application form. The Foreign National and the authorised Agent (if applicable) are advised that in signing this application form they consent to allow the Employment Permits Section to share and request data as necessary, for the sole purpose of verifying the information submitted, between relevant Government Departments and Agencies.

The signatories to this application may find further information concerning data sharing and the obligations of Data Controllers on the Data Protection Commissioner's website at www.dataprotection.ie. Alternatively, they may call: (057) 868 4800 / Lo-Call Number: 1890 252231.

Please note that a percentage of all applications will be chosen at random for inspection by the National Employment Rights Authority (NERA). Relevant documents will have to be provided as part of this inspection. Under Section 16 (d) of the Employment Permits Act 2006, as amended, the Minister may revoke an employment permit if, in the opinion of the Minister, any information provided in respect of the application for it was false or misleading in a material respect.

In accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4 or 20, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

Furthermore, in accordance with Section 32 (1) of the Employment Permits Act 2006, as amended, a person guilty of an offence under section 18(2), 19(3), 23(4) or 25 is liable—

- (a) on summary conviction, to a fine not exceeding €5,000 or imprisonment for a term not exceeding 12 months or both, or
- (b) on conviction on indictment, to a fine not exceeding €50,000 or imprisonment for a term not exceeding 5 years or both.

Please note: With effect from 2003, the names of all employers who employ employment permit holders, as well as the number of permits issued to that employer, are made publicly available on the Department's website.

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(G) Application Form Checklist

Please ensure that the application form is completed correctly. The following checklist should be used to ensure that all required information/documentation is provided. Incomplete application forms will be returned to the applicant or authorised agent (if applicable).

Attach 1 passport sized photograph, with Foreign National's name printed on the back.

Part One - Details of the Person who has made the offer of employment's Trusted Partner Registration: Complete all questions

Part Two - Details of Foreign National: Complete all questions

Please supply clear copies (preferably in colour) of the following:

- Passport pages showing photograph, personal details and expiry date
- Immigration stamps (if GNIB personal identification number not available).
- Visa (if GNIB personal identification number not available).

Original documents should not be submitted.

Part Three - Details of Redundancy: Complete all questions, as applicable.

Please complete in relation to any redundancies within the last 6 months in the employment that is the subject of the Employment Permit application.

Part Four - Details of Employment: Complete all questions (unless otherwise specified)

Please provide a copy of the Reactivation Employment Permit letter issued to the Foreign National concerned by the Department of Justice and Equality

Please supply copies of the following in the case of health professionals, including registered doctors, registered nurses and security personnel who have not provided their Registration/PIN/Licence number at Part 3, Question 3:

A copy of registration with the appropriate regulatory body or recognition of qualifications pursuant to Schedule 2 in the Principal Regulations.

Please supply the following in the case of an employment in a restaurant or a fast food outlet:

copies of any certified qualifications of the Foreign National in respect of whom the application is made.

Please supply the following, whichever is applicable, in the case of an application for an employment in respect of an eligible Carer in a private home

- copies of qualifications confirming that the Foreign National in respect of whom the application is made is a trained medical professional in a profession listed in Part A of Schedule 2 in the Principal Regulations,
- . a letter from a registered medical practitioner specialising in the area of illness of the person for whom the Foreign National will be caring, confirming that that person has a severe medical condition or that that person has special care needs
- a copy of a P60, payslips, a notarised letter or an affidavit establishing that the Foreign National in respect of whom the application is made has a long history of caring for the person concerned.

Part Five - Details of Payment: Complete all guestions

- Include the appropriate fee if required (the current fees applicable are available on the Department's website).
- Sign Payer declaration original signature required.
- If applicable, clear photocopies of the relevant pages of the EEA Spouse/Civil Partners' current passport showing is or her picture. personal details, passport expiry date and his or her signature, and a copy of the marriage certificate or the civil partnership registration evidencing the relationship of the Foreign National and the EEA national.

Part Six - Acceptance of Terms & Conditions

Sign and date the appropriate declarations - original signatures required.

EMPLOYMENT PERMITS SECTION

Contact Details

E-mail: employmentpermits@djei.ie

353-1-417 5333 Call Centre:

> LoCall: 1890 201 616 (from within Ireland only)

353-1-631 3268 Fax:

Address: Davitt House 65a Adelaide Road

Dublin 2 Ineland

Employment Permits Section Web pages

Information and application forms may be downloaded from the Employment Permits Section web pages on the Department of Jobs,

Enterprise and Innovation's website

PLEASE NOTE: The pages giving details on Requirement for Supporting Documentation and Application Form Checklist - parts A. B, C, D, E, F and G are for instruction purposes only. It is not necessary to include these pages when submitting the completed application form.

TPREP001/15

Form G

Application form for grant of Exchange Agreement Employment Permit



TPEAEP001/15

Application by Trusted Partner for an Exchange Agreement Employment Permit Application

This form should be used where the Person who has made the offer of employment has been granted Trusted Partner status by the Department of Jobs, Enterprise and Innovation and has been issued with a Trusted Partner Registration Number and where they wish to apply for:

- An Employment Permit to facilitate the employment in the State, of a foreign national pursuant to an
 agreement or an international agreement to which the State is a party and which agreements are
 listed in Schedule 5 in the Principal Regulations.
- Applications can be in respect of all employments that come within the terms of the relevant Exchange Agreement.
- Exchange Agreement Employment Permits are non-renewable and are issued for a maximum period of 12 months.

For permission to work in the State for a period of less than 90 days, the Atypical Working Scheme operated by the Department of Justice and Equality may be appropriate.

Complete ALL parts of this form as required in BLOCK CAPITALS. The Foreign National and the Agent (if applicable), must sign the declarations at the end of the form.

INCOMPLETE FORMS WILL BE RETURNED TO THE APPLICANT OR THE AUTHORISED AGENT (IF APPLICABLE).

Recent Passport Photograph X1

Please print Foreign National's name on back of photograph and staple here.

Who is applyin	a for the	permit (i	i.e. Who is	the applicant)?

The Person who has made the offer of employment must be the applicant for an employment permit under the Trusted Partner Initiative.

Health Professional

Part One	Tru	ıst	ed	IP	ar	tne	er I	Det	tail	s	
1. Registered name of Company/ Business:											
Employer Registered Number: (obtained from the Revenue Commissioners)							Ī				
3.Trusted Partner Registration Number: (obtained from the Department of Jobs, Enterprise and Innovation)	9	5	0		I		I		I		
Number of EEA* and/or Swiss nationals (including Irish) currently employed by the Person who has made the offer of employment:	Ī		9	- 61	mploy	red by		rson w		rrently is made	
Is all of the information provided by the Person who has made the offer of employment in their application for Trusted Partner Registration still valid and in-date?	Yes						No				

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art Two					D	eta	ils o	f For	eign	Na	tion	al	
1. Passport Number:													
2. Expiry Date:	D	D	1.0	W.	T	Y			Enter	these o	details	exacti	v
3. Nationality:			B I, (эск.	CAT	TIA	LS:		as t	hey ap	pear o	n the	
4. First Name:			hill	оск	CAI	TA	L S				sport.		
5. Middle Name(s):			BLO	ock	CAF	ТΤА	v.o						_
6. Family Name:			BLO	оск	.CAI	NTA	L fi						
7. Date of Birth:	P	D	и	11/	Y	Y		8.	Male:		9. Fen	nale:	
				20120				150		100			
Current Address (for Address 1:	eign ad	dress	requ	ired if	residin	g outs		OK GAP	(TALE				
Address 1:	-												
								OK CAP					
Town:								OK CAP					
County:								CK CAP					
Country:	Ļ						BLO	CK CAP	LTALS	5415			
Telephone No.:							12	: Mobile Ph	one No.:				
Please provide the F	oreign	Natio	onal's	PPS	Numb	er if a	vailable:						
E-mail address:												0 0	37
Is the Foreign Nation	al curr	ently	in th	e Stat	le?				Yes	No			
If 'Yes' on what ba complete GNIB car							olease desc	ribe, and		BLOC	K CAPI	TACS	
complete on B car	o uciai	no, a	s requ	resiet	z, ocio		CK CAP	ITALS.					
	Ent	er be	low o	fetails	exact	ly as t	hey appear	on the For	ign Nation	al's GNIB	card*.		
GNIB Pin No.								Dept. No.					
the Foreign National is	in the S	State i	but do	es no	t have	a GNII	B personal id	fentification	number the	n please s	supply a co	py of the o	urrent
If the Foreign Natio working lawfully de Naturalisation and permit will be requi If this is the case, t	nal has iring th Immigr red. iy subn	nis tin ration mittin	ne, s/ Serv g this	he ma vice. I appli	y be e Howev	iligible er, if to the F	to apply for the Foreign in oreign Natio	r a Stamp 4 Vational is	permissio unable to d	n to rema obtain a S	in from th tamp 4, an	e Irish employn	nent
and believes that a Enter education detail		_						want to the	Joh Offer	as stated	in Part 4	of the ann	lication
i. Highest level of Qual levant to the employm e.g. Certificate, Dipk	ificatio ent:		wyn)	various			COAPIT			17. Date o			Leadon

. Title of Course:	BLOCK CA	PITALS
. Final Subjects Taken:	BLOCK CAPITALS	BLOCK CAPITALS
	BLOCK CAPITALS	BLOCK CAPITALS
	BLOCK CAPITALS	BLOCK CAPITALS
	BLOCK CAPITALS	BLOCK CAPITALS
). Result Achieved: e.g. 2.1		
. Has the Foreign National pre State?	eviously made an application for asylum in the	Yes No
2. Has the Foreign National so previous occasion?	ught permission to land in the State on a	Yes No
If 'Yes' please describe on indicate whether or not pe	what basis the permission was sought and irmission was granted:	BLOCK CAPITALS
	BLOCK CAPITALS	
		· · · · · · · · · · · · · · · · · · ·
3. Has the Foreign National be permission?	en in the State on a previous occasion without	Yes No
I. Is the Foreign National curre	ently employed in the State?	Yes No
If 'Yes' please describe on	what permission they have to be employed:	BLOCK CAPITALS
	BLOCK CAPITALS	
5. Has the Foreign National be	en employed in the State previously?	Yes No
If 'Yes' please describe on	what permission they had to be employed:	BLOCK CAPITALS
	BLOCK CAPITALS	
i. Is the Foreign National marr EA national?	ied to or in a civil partnership with an Irish or	Yes No
If 'Yes' what nationality is	their spouse/partner?	BLOCK CAPITALS
7. Is the Foreign National the s f an Employment Permit or the the State?	spouse, civil partner or dependant of, the holder e holder of any other type of permission to work	Yes No
You must now attach the		Documentation under "(B) Foreign National
Tour many more account on	e documents outlined in Requirement for Supporting Requirements."	

any employees of the Person who has made the offer of employment been made indant in the employment that is the subject of this Employment Permit application. Yes the last six months? If y employees have been made redundant in the employment that is the subject of this Employment Permit application over the six months please outline the reason(s) for the redundancies. This should include information on the numbers of positions in employment that have been made redundant and explain how the position, which is the subject of this Employment Permit cation, differs from those positions in that employment made redundant. Please continue on a separate sheet if required and	art Three	Details of Redur	ndancy	
any employees of the Person who has made the offer of employment been made indant in the employment that is the subject of this Employment Permit application. Yes the last six months? If y employees have been made redundant in the employment that is the subject of this Employment Permit application over the six months please outline the reason(s) for the redundancies. This should include information on the numbers of positions in employment that have been made redundant and explain how the position, which is the subject of this Employment Permit cation, differs from those positions in that employment made redundant. Please continue on a separate sheet if required and	e completed by the Person who has mad meaning of section 9 of the Redundancy F	e the offer of employment in respect of any dis- Payments Act 1967 and where such dismissal v	missals by reason was attributable w	n of redundancy wit
any employees of the Person who has made the offer of employment been made indant in the employment that is the subject of this Employment Permit application. Yes the last six months? If y employees have been made redundant in the employment that is the subject of this Employment Permit application over the six months please outline the reason(s) for the redundancies. This should include information on the numbers of positions in employment that have been made redundant and explain how the position, which is the subject of this Employment Permit cation, differs from those positions in that employment made redundant. Please continue on a separate sheet if required and	se complete in full.			
Indigent in the employment that is the subject of this Employment Permit application Yes No Permit application No Permit application over the six months please outline the reason(s) for the redundancies. This should include information on the numbers of positions is employment that have been made redundant and explain how the position, which is the subject of this Employment Permit cation, differs from those positions in that employment made redundant. Please continue on a separate sheet if required and		nade the offer of employment been made		1
ix months please outline the reason(s) for the redundancies. This should include information on the numbers of positions in employment that have been made redundant and explain how the position, which is the subject of this Employment Permit cation, differs from those positions in that employment made redundant. Please continue on a separate sheet if required and			Yes	No
	six months please outline the reason(s) for employment that have been made redund	or the redundancies. This should include infor dant and explain how the position, which is the	mation on the nu subject of this Er	mbers of positions i imployment Permit

Part Four		Det	ails	of Emplo	yment
. Title of Job:			8100	CAPITALS	
				fessionals and Se in the Principal Re	ecurity Personnel who are listed egulations.
. Regulatory Body:			5600	X CAPITALS	
. Registration/Pin/ icence No.:					
If the application is in respect of Regi- please provide your registration detail					of Schedule 2 in the Principal Regulations
Applications for other Health Professi with the appropriate medical body or					ons must provide a copy of their registration
. Place(s) at which the employment	concerned is to t	e carrie	ed out:	BL.	OCK CAPITALS
			81.00	CAPITALS	
Proposed Period of Employment Permit (maximum of 1 year)					
. Proposed Start Date*:	D D M	M	y y	1	
We recommend all Employment Perm mployment.	nit applications be s	submitte	d to the D	partment at least 12 w	eeks before the proposed start date of
. Gross Annual Remuneration*	€			(Gross remunerati	ion excludes overtime or nts)
Gross Annual Salary: (if different from above)	€				
. Gross Weekly Salary:	€			10. Hourly Rate of Pay:	€
Deductions from Gross Weekly Salary:	€			Please specify purpose of deductions:	BLOCK CAPITALS
2. Health Insurance*:	€			Please specify name of Health Insurance Provider:	SLOCK CAPITALS
All amounts which make up the basic innual Remuneration this must be veri NERA) inspection.				the payslips. If Health I	insurance is being included in the Gross Vational Employment Rights Authority
Health Insurance can only be conside Indertakings referred to in section 14 o				ence is a person entered	d in the Register of Health Benefits
Number of hours of work per week*:					
Please note that for the purposes of Er	mployment Permit	Applicat	tions, the s	tandard working week i	s 39 hours per week.
4. What are the main functions of th	is job:			BLOCK	CAPITALS
		BLC	CK CA	PITALS	
Please detail the qualifications, s experience required for this job:	kills, knowledge	and		BLOCK	CAPITALE
		81.0			

120 **[172]**

owledge and experience of the Foreign National:			
	SLOCK CAPITALS		
	BLOCK CAPITALS		
	BLOCK CAPITALS		
d you use an Agent/Recruitment Agency to recruit t	the Foreign National?	Yes	No
If 'Yes' please provide name and address of the Agent/Recruitment Agency:	erc	OCK CAPITALE	
	BLOCK CAPITALS		
	BLOCK CAPITALS		
If 'No' please provide details of the recruitment method:	SLOC	CAPITALS	
8	LOCK CAPITALS		
ust now attach the documents outlined in Require	ement for Supporting Docume (if applicable)	ntation under "(C) Ap	plication Requiren

Part Six

Acceptance of Terms & Conditions

Declaration of Foreign National

I, the undersigned, agree to undertake employment on the above basis and I understand that, while in employment in the State, I will be entitled to the full benefit of all the relevant Irish Employment Rights Legislation.

I hereby solemnly declare that:

- the qualifications, skills, knowledge and experience I have attained are as stated in Part 2 of the application form and they
 correspond with and are relevant to the position on offer;
- I am a fully accredited member of the relevant professional body pursuant to Part C of Schedule 2 in the Principal Regulations for the position on offer, as stated in Part 4 of the application form (if applicable);
- If this application is for a Critical Skills Employment Permit, I have received a job offer of 2 years, or more, from the Person who has made the offer of employment, as stated in Part 1 of the application form;
- if this application is for an employment in respect of a Carer in a private home and an employment permit is granted, I will
 have no objection to an Inspector from the National Employment Rights Authority (NERA) visiting the premises where
 employment is being carried out and to speak to me and the employer should the need arise; and
- . I will be fully tax compliant;

and that to the best of my knowledge and belief:

I will be employed, salaried and paid under an employment contract governed by the laws of the State by the Person who
has made the offer of employment, as stated in Part 1 of the application form.

Furthermore, I understand and accept that in accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

Signature of Foreign National: (Original signature required)		Title:	
Name (in BLOCK CAPITALS):	BLOCK CAPITALS	Date:	A M Y Y
Your employment permit will	Original of Employn	nent Permit our current address as in Pa	art 2 of this Form.
Tick this box if you want your permit	to be posted to your current address.		
Tick this box if you want your permit as stated in Part 1 of this Form.	to be posted to the Person who has m	ade the offer of employment	
	to be posted to the Agent who was au oart of the Trusted Partner Registration		

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Agent authorised by the Trusted Partner to deal with employment permit

applications			
To ensure privacy of data is respected, below. Agents will be copied any corres	the foreign national must be in agreeme spondence regarding this application.	nt with the nomination	n of an agent and must sign
Agent Name (in BLOCK CAPITALS):	BLOCK CAPITALS	Title:	
I understand that neither I, nor a person Employment Permit.	n acting on my behalf, shall keep any per	sonal document belo	nging to a holder of an
Signature of Agent: (Original signature required)		Date:	D 0 M M Y Y
Agent's Address for Correspondence:			
Address 1:	BLOCK	CAPITALS	
Address 2:	BLOCK	CAPITALS	
Town:	RLOCK	CAPITALE	
County:	arocx	CAPITALS	
Country:	stock	CAPITALS	
E-mail address:			
Telephone number:			
_			
I, the Foreign National, permit the above Signature of Foreign National:	e named agent to act on my behalf in res	pect of this application	n.
(Original signature required)		Date:	DDMWAAA
Co	ertified Copy of Employi	ment Permit	
The certified copy of the emp	ployment permit will normally be	posted to the Pe	
offer of employment at the	e registered company/business a Partner Registratior		as part of the Trusted
rick this box if you want the certified co	opy of the employment permit to be post	ed to this registered a	iddress.
	opy of the employment permit to be post rmit applications as part of the Trusted P		rho was
authorised to deal with employment per	rmit applications as part of the Trusted P	armer Registration.	
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Requirements for Supporting Documentation

(A) Requirements for Person who has made the offer of employment

Additional documentation

The Minister may at times request information that might materially assist in making a decision on an application.

(B) Requirements for Foreign National

For all Foreign Nationals

- Clear, legible copy (preferably in colour) of the personal details pages of the Foreign National's passport, showing his or her picture, personal details and his or her signature
- In the case of health professionals listed in Part B of Schedule 2 in the Principal Regulations, a copy of the registration with the appropriate medical body or recognition of qualifications from the relevant Minister of the Government

For all Foreign Nationals resident in the State

Please supply your GNIB personal identification number which is shown on your GNIB card. If not available please supply a clear, legible copy (preferably in colour) of your current immigration stamps and visa.

Please Note: Original documents should not be submitted

Important Note concerning the passport expiry date

In the case of all applications for employment permits, the Foreign National must hold a passport which is in date and valid for at least 12 months or more after the date of the application. Employment Permits cannot be considered for Foreign Nationals who do not fulfil this requirement.

(C) Application Requirements

The following additional documentation must be supplied with all Exchange Agreement Employment Permit applications.

- An original letter from the organisation operating the Exchange Agreement confirming that the Exchange Agreement applies to the Foreign National concerned.

(D) Schedule of Fees

An application for a new employment permit shall be accompanied by the fee prescribed in the Principal Regulations for the purposes of section 5(2) of the Employments Permits Act 2006 (as amended). The current fees applicable are available on the Department's website.

90% of the fee will be refunded to the Applicant if the application is refused or withdrawn prior to the issuing of the permit.

No fees will be refunded if the Employment Permit holder ceases employment after the permit has been issued.

Employment Permits Section is unable to refund fees by payable order. If a refund of fees is due for any reason, a mandate form will be forwarded to the applicant for completion. The refund will be paid by EFT directly into the applicant's bank account, as per details provided on the mandate form

Acceptable Forms of payment

In accordance with D/Finance Circular 1/2013, from 19 September 2014 (e-Day) the public sector will no longer accept cheques, bank drafts or postal orders from business users in respect of services rendered. To facilitate this, the Employment Permits Section now has a commercial bank account into which payments can be made by Electronic Funds Transfer (EFT). When an application is accepted as complete an email will issue to the applicant giving details of the amount of the fee due, the bank account into which the payment should be made and an Application ID number which must be used as the reference when making the payment.

For all other users, payment can continue to be made in the form of a Euro denominated cheque, bank draft or postal order, drawn on a financial institution operating within the Irish clearing system. Please note that all foreign drafts and cheques will be returned. Cheques should be made payable to: Department of Jobs, Enterprise & Innovation.

(E) Conditions of Issue of an Employment Permit

- A. Issue of an Employment Permit in respect of a foreign national does not in itself authorise such a person to enter or reside within the State. Admission to the State and authorised duration of stay is subject to the control of the Immigration Authorities.
- B. All Employment Permits are issued on the proviso that the named foreign national is paid, as a minimum, the remuneration specified on the Employment Permit. The only allowable deductions are those which appear on that Employment Permit. The remuneration being paid must be verifiable in the event of a National Employment Rights Authority (NERA) inspection. Failure to comply could lead to the revocation of the Employment Permit under section 16(1)(df) of the Employment Permits Act 2006, as amended.
- C. It is recommended that an application for an Employment Permit should be made at least 12 weeks before the foreign national is required to take up employment.
- Any application that contains omissions or is incorrectly completed will be returned to the applicant or the authorised agent (if applicable) for completion.
- E. A fee, as determined by the Minister for Jobs, Enterprise and Innovation is payable by the applicant or the authorised agent (if applicable) for each Employment Permit granted.
- F. In line with section 24 of the Employment Permits Act 2006, as amended, should the employment that is the subject of the Employment Permit cease, for whatever reason, the original and the certified copy of the Employment Permit must be returned to the Employment Permits Section within 4 weeks from the date of cessation. Failure to comply with this requirement is an offence.

Non-compliance with any provision of the Aliens Act 1935, the Immigration Acts, the Employment Permits Acts 2003 and 2006, as amended or any Order made under these Acts is an offence punishable by Law.

(F) Declaration

Data Sharing and Data Protection

The Employment Permits Section may undertake verification of all data submitted on this application form. The Foreign National and the authorised Agent (if applicable) are advised that in signing this application form they consent to allow the Employment Permits Section to share and request data as necessary, for the sole purpose of verifying the information submitted, between relevant Government Departments and Agencies.

The signatories to this application may find further information concerning data sharing and the obligations of Data Controllers on the Data Protection Commissioner's website at www.dataprotection.ie. Alternatively, they may call: (057) 868 4800 / Lo-Call Number: 1890 252231.

Please note that a percentage of all applications will be chosen at random for inspection by the National Employment Rights Authority (NERA). Relevant documents will have to be provided as part of this inspection. Under Section 16 (d) of the Employment Permits Act 2006, as amended, the Minister may revoke an employment permit if, in the opinion of the Minister, any information provided in respect of the application for it was false or misleading in a material respect.

In accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4 or 20, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

Furthermore, in accordance with Section 32 (1) of the Employment Permits Act 2006, as amended, a person guilty of an offence under section 18(2), 19(3), 23(4) or 25 is liable—

- (a) on summary conviction, to a fine not exceeding €5,000 or imprisonment for a term not exceeding 12 months or both, or
- (b) on conviction on indictment, to a fine not exceeding €50,000 or imprisonment for a term not exceeding 5 years or both.

Please note: With effect from 2003, the names of all employers who employ employment permit holders, as well as the number of permits issued to that employer, are made publicly available on the Department's website.

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(G) Application Form Checklist

Please ensure that the application form is completed correctly. The following checklist should be used to ensure that all required information/documentation is provided. Incomplete application forms will be returned to the applicant or authorised agent (if applicable).

Attach 1 passport sized photograph, with Foreign National's name printed on the back

Part One - Details of the Person who has made the offer of employment's Trusted Partner Registration: Complete all questions

Part Two - Details of Foreign National: Complete all questions

Please supply clear copies (preferably in colour) of the following:

- · Passport pages showing photograph, personal details and expiry date.
- Immigration stamps (if GNIB personal identification number not available).
- Visa (if GNIB personal identification number not available).

Original documents should not be submitted

Part Three - Details of Redundancy: Complete all questions, as applicable

 Please complete in relation to any redundancies within the last 6 months in the employment that is the subject of the Employment Permit application.

Part Four - Details of Employment: Complete all questions (unless otherwise specified)

Please supply an original letter from the organisation operating the Exchange Agreement confirming that the Exchange Agreement applies to the Foreign National concerned.

Part Five - Details of Payment: Complete all questions

- Include the appropriate fee if required (the current fees applicable are available on the Department's website).
- Sign Payer declaration original signature required.
- If applicable, clear photocopies of the relevant pages of the EEA Spouse/Civil Partners' current passport showing is or her picture, personal details, passport expiry date and his or her signature, and a copy of the marriage certificate or the civil partnership registration evidencing the relationship of the Foreign National and the EEA national.

Part Six - Acceptance of Terms & Conditions

. Sign and date the appropriate declarations - original signatures required

EMPLOYMENT PERMITS SECTION

Contact Details

E-mail: employmentpermits@djei.ie

Call Centre: 353-1-417 5333

LoCali: 1890 201 616 (from within Ireland only)

Fax: 353-1-631 3268 Address: Davitt House

65a Adelaide Road

Dublin 2

Ireland

Employment Permits Section Web Pages

Information and application forms may be downloaded from the Employment Permits Section web pages on the Department of Jobs,

Enterprise and Innovation's website.

PLEASE NOTE: The pages giving details on Requirement for Supporting Documentation and Application Form Checklist – parts A, B, C, D, E, F and G are for instruction purposes only. It is not necessary to include these pages when submitting the completed application form.

Form H

Application form for grant of Sport and Cultural Employment Permit



TPSCEP001/15

Application by Trusted Partner for a Sport and Cultural Employment Permit New Application

This form should be used where the Person who has made the offer of employment has been granted Trusted Partner status by the Department of Jobs, Enterprise and Innovation and has been issued with a Trusted Partner Registration Number and where they wish to apply for:

An employment permit for a foreign national who has the relevant qualifications, skills, experience
or knowledge and whose employment is required for the development, operation and capacity of
sporting and cultural activities in the State.

Applications can be in respect of all employments in sport and cultural activities other than those employments for which an employment permit shall not be granted pursuant to Schedule 4 in the Principal Regulations.

Complete ALL parts of this form as required in BLOCK CAPITALS. The Foreign National and the Agent (if applicable), must sign the declarations at the end of the form.

INCOMPLETE FORMS WILL BE RETURNED TO THE APPLICANT OR THE AUTHORISED AGENT (IF APPLICABLE).

Recent Passport Photograph X1

Please print
Foreign National's name
on
back of photograph
and staple here.

Who is applying	for the permit (i.e.	. Who is the applicant)?
-----------------	----------------------	--------------------------

The Person who has made the offer of employment must be the applicant for an employment permit under the Trusted Partner Initiative.

Health Professional

If this is an application for a Health Professional listed in Part A or Part B of Schedule 2 in the Principal Regulations please tick this box

Part One	Tru	ste	ed	Pa	art	ne	r C	et	ail	s		
1. Registered name of Company/ Business:												
Employer Registered Number: (obtained from the Revenue Commissioners)												
Trusted Partner Registration Number: (obtained from the Department of Jobs, Enterprise and Innovation)	9	5	0									
Number of EEA* and/or Swiss nationals (including frish) currently employed by the Person who has made the offer of employment:		Ī	5	em	ployed		e Per	son w	ls curi	rently i made	111	Ī
Is all of the information provided by the Person who has made the offer of employment in their application for Trusted Partner Registration still valid and in-date?	Yes.						No.	8				

Requirement for Supporting Documentation under "(A) Requirements for Person who has made the offer of employment"

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Part Two		Deta	ils of Fo	reigr	n Nat	ional	
Passport Number: Expiry Date:	D O M	M A A		0.000		se details	2
3. Nationality:	8,1,	OCK CAPITA	IFE.			ey appea Nationa	
4. First Name:	ВL	OCK CAPITA	LS			port.	
5. Middle Name(s):	81.	OCK CAPITA	LE				
6. Family Name:	0.0	OCK CAPITA	LS				
7. Date of Birth:	D 0 M	M Y Y		8. Male:		9. Female:	
10. Current Address (fore	sion address requ	ired if residing out:	side the State):				
Address 1:			BLOCK CA	PITALS			
Address 2:			BLOCK CA	PITALS			
Town:			SLOCK CA	PITALS			
County:			BLOCK CA	PITALS			
Country:			BLOCK CA	PITALS			
11. Telephone No.:			12: Mobile	Phone No.:			
13. Please provide the Fo	oreign National's	PPS Number if a	vailable:	П		TT	
- control of the control							
14. E-mail address:							
15. Is the Foreign Nation	al currently in th	e State?		Yes	No	•	
					BLOCK	CAPITA	L S
		810	CK CAPITALS				
	Enter below of	fetails exactly as	they appear on the F	oreign Natio	onal's GNIB	card*.	
GNIB Pin No.			Dept. No	0.			
"If the Foreign National is immigration stamps and vi		oes not have a GN	IB personal identificat	ion number ti	hen please s	шррју а сору с	of the current
If the Foreign Nation	nal has held con ring this time, s. Immigration Sen	he may be eligible	nent permits for an a e to apply for a Stam the Foreign National	p 4 permiss	ion to rema	in from the In	ish
If this is the case, b			Foreign National con	ofirms that s	the has con	sidered the a	vailable
Enter education details	1970 3550			the Job Offe	r as stated	in Part 4 of th	e application form
16. Highest level of Qual relevant to the employme.g. Certificate, Diplo Degree, etc.	ent:	BLOG	K CAPITALS		17. Date o	of Completion	c
18. Title of Course:			BLOCK	CAPITA	LS		
	8		Page 2				TPSCFP001/11

9. Final Subjects Taken:	BLOCK CAPITALS	BLOCK CAPITALS
	BLOCK CAPITALS	BLOCK CAPITALS
	BLOCK CAPITALS	BLOCK CAPITALS
	BLOCK CAPITALS	BLOCK CAPITALS
0. Result Achieved: e.g. 2.1		1
Has the Foreign National pro State?	eviously made an application for asylum in the	Yes No
Has the Foreign National sol previous occasion?	ught permission to land in the State on a	Yes No
	n what basis the permission was sought and ermission was granted:	BLOCK CAPITALS
	BLOCK CAPITALS	
3. Has the Foreign National be permission?	en in the State on a previous occasion without	Yes No
4. Is the Foreign National curre	ently employed in the State?	Yes No
If 'Yes' please describe on	what permission they have to be employed:	BLOCK CAPITALS
	BLOCK CAPITALS	
5. Has the Foreign National be	en employed in the State previously?	Yes No
If 'Yes' please describe on	n what permission they had to be employed:	BLOCK CAPITALS
	BLOCK CAPITALS	
6. Is the Foreign National marr EA national?	ried to, or in a civil partnership with an Irish or	Yes No
If 'Yes' what nationality is	their spouse/partner?	BLOCK CAPITALS
7. Is the Foreign National the s f an Employment Permit or the n the State?	spouse, civil partner or dependant of, the holder holder of any other type of permission to work	Yes No
You must now attach the	e documents outlined in Requirement for Supporting i Requirements."	Documentation under "(B) Foreign National

Part	Three	Details of Redundancy	
the meaning	g of section 9 of	son who has made the offer of employment in respect of any dismissals by reason of redundancy w the Redundancy Payments Act 1967 and where such dismissal was attributable wholly or mainly to agraphs (a), (b), (c), (d) or (e) of section 7(2) or to section 21 of that Act.	
Please com	plete in full.		
redundant i		Person who has made the offer of employment been made ent that is the subject of this Employment Permit application Yes No	
last six mor that employ application,	nths please outli ment that have I	n made redundant in the employment that is the subject of this Employment Permit application over to ine the reason(s) for the redundancies. This should include information on the numbers of positions been made redundant and explain how the position, which is the subject of this Employment Permit are positions in that employment made redundant. Please continue on a separate sheet if required a form.	in

Page 4

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Part Four	Details	of Emplo	yment
1. Title of Job:	BLOCK	CAPITALS	
	e completed by Health Profe and Part B of Schedule 2 in		curity Personnel who are listed in gulations.
2. Regulatory Body:	BLOC	K CAPITALS	
3. Registration/Pin/ Licence No.:			
If the application is in respect of Regis please provide your registration detail			of Schedule 2 in the Principal Regulations
Applications for other Health Profession with the appropriate medical body or a			ns must provide a copy of their registration ith.
4. Place(s) at which the employment	concerned is to be carried out:	Buc	OCK CAPITALS
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5. Proposed Period of Employment Permit (maximum of 2 years)]	
6. Proposed Start Date*:	D D M M Y Y	ĺ	
*We recommend all Employment Permi employment.	t applications be submitted to the Dep	l artment at least 12 wee	eks before the proposed start date of
7. Gross Annual Remuneration*	€	(Gross remuneration premium payment	on excludes overtime or ts)
8. Gross Annual Salary: (if different from above)	€		
9. Gross Weekly Salary:	€	10. Hourly Rate of Pay:	€
11. Deductions from Gross Weekly Salary:	E	Please specify purpose of deductions:	BLOCK CAPITALS
12. Health Insurance*:	€	Please specify name of Health Insurance Provider:	BLOCK CAPITALS
* All amounts which make up the basic Annual Remuneration this must be verit the event of a National Employment Rig	lable by way of supporting documents	ne payslips. If Health In	surance is being included in the Gross such documentation may also be required in
* Health Insurance can only be consider Undertakings referred to in section 14 o		nce is a person entered	in the Register of Health Benefits
13. Number of hours of work per week":			
* Please note that for the purposes of E	mployment Permit Applications, the st	andard working week is	s 39 hours per week.
14. What are the main functions of th	is job:	вьоск (CAPITALS
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 Please detail the qualifications, si experience required for this job: 	kills, knowledge and	BLOCK (CAPITALS
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Part Five		Requ	iirem	ent f	or Pay	/me	ent		
Is a fee payable for this Emp application?	loyment Permit	Yes					No		
If No, please indicate on wha The Person who made the of applicant and has charitable Commissioners	fer of employment is	s the	^	nati	is in respect onal married rship with ar	to or i	n a civil		
Dependant/Partner/Spouse E	imployment Permit			Exchang	ge Agreemen	t Empl	oyment Permit	П	
If no fee is payable proceed t	o Part Six.								
		D	etails	of F	ayme	nt			
Important Note for Business in accordance with D/Finance postal orders from business us based payments from business Transfer (EFT).	Circular 1/2013, from ers in respect of servi	19 September 2 ces rendered. T	014 (e-Day) of facilitate the	is, the Emp	oloyment Pen	nits Ser	ction will	no longer	accept
Business user applicants for an e-mail address to request 11) and Payers Declaration b Permits Section as complete fee due, the bank account into making the payment.	payment must be prelow and the relevant. An e-mail will issue	rovided at Ques nt payment will to the applicant	stion 8. The be requeste and their aut	y should a d when ar horised ag	iso complete application ent (if applica	e Paym is acce ble) givi	ent Deta epted int ing detail	ils (Ques to the Em s of the ar	tions 9 ployme mount o
Applicants, other than business	s users can continue to	o make paymen	t by cheque,	bank draft	or postal orde	er and n	nust com	piete all d	etails b
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Please indicate who is mal payment:		rson who has n e offer of emplo		F	oreign Natio	nal		Other	
2. Title:	Mr	Mrs	Miss	Ms	c	other (p	lease state)		
3. Name:			BLOC	K CAPI	TALS				
4. Company (if applicable):		BLOCK CAPITALS							
5. Telephone Number:				6. Fax Nun	iber:				
7. Mobile Phone Number:									
8. E-mail:									
Payment Details	ā								
9. Method of Payment:	Electronic Funds Transfer		Cheque		Bank Draft		Pos	tal Order	
10. Cheque No.			II						
11. Payment enclosed / Amount of Payment Due:	€								
Payment must be in the form of Clearing System. Cheques sho							lution op	erating wi	thin the
Payer's Declarat	ion								
I, the undersigned, agree tha (Under the Employment Permit fee paid).									
Payer's Signature: (Original signature required)					Date		0	ы ы	Y
Employment Permits Section is forwarded to the applicant for of									

Part Six

Acceptance of Terms & Conditions

Declaration of Foreign National

I, the undersigned, agree to undertake employment on the above basis and I understand that, while in employment in the State, I will be entitled to the full benefit of all the relevant Irish Employment Rights Legislation.

I hereby solemnly declare that:

- the qualifications, skills, knowledge and experience I have attained areas stated in Part 2 of the application form and they
 correspond with and are relevant to the position on offer;
- I am a fully accredited member of the relevant professional body pursuant to Part C of Schedule 2 in the Principal Regulations for the position on offer, as stated in Part 4 of the application form (if applicable);
- If this application is for a Critical Skills Employment Permit, I have received a job offer of 2 years, or more, from the Person who has made the offer of employment, as stated in Part 1 of the application form;
- if this application is for an employment in respect of a Carer in a private home and an employment permit is granted, I will
 have no objection to an Inspector from the National Employment Rights Authority (NERA) visiting the premises where
 employment is being carried out and to speak to me and the employer should the need arise; and
- · I will be fully tax compliant;

and that to the best of my knowledge and belief:

I will be employed, salaried and paid under an employment contract governed by the laws of the State by the Person who
has made the offer of employment, as stated in Part 1 of the application form;

Furthermore, I understand and accept that in accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

Signature of Foreign National: (Original signature required)		Title:
Name (in BLOCK CAPITALS):	BLOCK CAPITALS	O D M M Y Y
Your employment permit will	Original of Employmen	t Permit current address as in Part 2 of this Form.
Tick this box if you want your permit	to be posted to your current address.	
Tick this box if you want your permit as stated in Part 1 of this Form.	to be posted to the Person who has made the	he offer of employment
	to be posted to the Agent who was authoris art of the Trusted Partner Registration.	sed to deal with

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a foreign pational must be in agreement with	h the nominatio	on of an accept	and must size
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authorised to deal with employment permit applications as part of the Trusted Partner Registration.

Requirements for Supporting Documentation

(A) Requirements for Person who has made the offer of employment

Additional documentation

The Minister may at times request information that might materially assist in making a decision on an application.

(B) Requirements for Foreign National

For all Foreign Nationals

- Clear, legible copy (preferably in colour) of the personal details pages of the Foreign National's passport, showing his or her picture, personal details and his or her signature.
- In the case of health professionals listed in Part B of Schedule 2 in the Principal Regulations, a copy of the registration with the appropriate medical body or recognition of qualifications from the relevant Minister of the Government.

For all Foreign Nationals resident in the State

 Please supply your GNIB personal identification number which is shown on your GNIB card. If not available please supply a clear, legible copy (preferably in colour) of your current immigration stamps and visa.

Please Note: Original documents should not be submitted.

Important Note concerning the passport expiry date

In the case of all applications for employment permits, the Foreign National must hold a passport which is in date and valid for at least 12 months or more after the date of the application. Employment Permits cannot be considered for Foreign Nationals who do not fulfill this requirement.

(C) Application Requirements

For an employment in a restaurant or a fast food outlet

If the application is in respect of such employments the following additional documentation is required:

- . copies of any certified qualifications of the Foreign National in respect of whom the application is made, and
- in the case of an application for employment as an executive chef, head chef, sous chef or specialist chef specialising in cuisine originating from a state that is not a Member State of the EEA, a statement from the Person who has made the offer of employment, confirming that the Foreign National in respect of whom the application is made shall be employed in an establishment other than a fast food outlet.

(D) Schedule of Fees

An application for a new employment permit shall be accompanied by the fee prescribed in the Principal Regulations for the purposes of section 5(2) of the Employments Permits Act 2006 (as amended). The current fees applicable are available on the Department's website.

Refunds

90% of the fee will be refunded to the Applicant if the application is refused or withdrawn prior to the issuing of the permit.

No fees will be refunded if the Employment Permit holder ceases employment after the permit has been issued.

Employment Permits Section is unable to refund fees by payable order. If a refund of fees is due for any reason, a mandate form will be forwarded to the applicant for completion. The refund will be paid by EFT directly into the applicant's bank account, as per details provided on the mandate form.

Acceptable Forms of payment

In accordance with D/Finance Circular 1/2013, from 19 September 2014 (e-Day) the public sector will no longer accept cheques, bank drafts or postal orders from business users in respect of services rendered. To facilitate this, the Employment Permits Section now has a commercial bank account into which payments can be made by Electronic Funds Transfer (EFT). When an application is accepted as complete an email will issue to the applicant giving details of the amount of the fee due, the bank account into which the payment should be made and an Application ID number which <u>must</u> be used as the reference when making the payment.

For all other users, payment can continue to be made in the form of a Euro denominated cheque, bank draft or postal order, drawn on a financial institution operating within the Irish clearing system. Please note that all foreign drafts and cheques will be returned. Cheques should be made payable to: Department of Jobs, Enterprise & Innovation.

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(E) Conditions of Issue of an Employment Permit

- A. Issue of an Employment Permit in respect of a foreign national does not in itself authorise such a person to enter or reside within the State. Admission to the State and authorised duration of stay is subject to the control of the Immigration Authorities.
- B. All Employment Permits are issued on the proviso that the named foreign national is paid, as a minimum, the remuneration specified on the Employment Permit. The only allowable deductions are those which appear on that Employment Permit. The remuneration being paid must be verifiable in the event of a National Employment Rights Authority (NERA) inspection. Failure to comply could lead to the revocation of the Employment Permit under section 16(1)(df) of the Employment Permits Act 2006, as amended.
- C. It is recommended that an application for an Employment Permit should be made at least 12 weeks before the foreign national is required to take up employment.
- Any application that contains omissions or is incorrectly completed will be returned to the applicant or the authorised agent (if applicable) for completion.
- E. A fee, as determined by the Minister for Jobs, Enterprise and Innovation is payable by the applicant or the authorised agent (if applicable) for each Employment Permit granted.
- F. In line with section 24 of the Employment Permits Act 2006, as amended, should the employment that is the subject of the Employment Permit cease, for whatever reason, the original and the certified copy of the Employment Permit must be returned to the Employment Permits Section within 4 weeks from the date of cessation. Failure to comply with this requirement is an offence.

Non-compliance with any provision of the Aliens Act 1935, the Immigration Acts, the Employment Permits Acts 2003 and 2006, as amended or any Order made under these Acts is an offence punishable by Law.

(F) Declaration

Data Sharing and Data Protection

The Employment Permits Section may undertake verification of all data submitted on this application form. The Foreign National and the authorised Agent (if applicable) are advised that in signing this application form they consent to allow the Employment Permits Section to share and request data as necessary, for the sole purpose of verifying the information submitted, between relevant Government Departments and Agencies.

The signatories to this application may find further information concerning data sharing and the obligations of Data Controllers on the Data Protection Commissioner's website at www.dataprotection.ie. Alternatively, they may call: (057) 868 4800 / Lo-Call Number: 1890 252231.

Please note that a percentage of all applications will be chosen at random for inspection by the National Employment Rights Authority (NERA). Relevant documents will have to be provided as part of this inspection. Under Section 16 (d) of the Employment Permits Act 2006, as amended, the Minister may revoke an employment permit if, in the opinion of the Minister, any information provided in respect of the application for it was false or misleading in a material respect.

In accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4 or 20, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

Furthermore, in accordance with Section 32 (1) of the Employment Permits Act 2006, as amended, a person guilty of an offence under section 18(2), 19(3), 23(4) or 25 is liable—

- (a) on summary conviction, to a fine not exceeding €5,000 or imprisonment for a term not exceeding 12 months or both, or
- (b) on conviction on indictment, to a fine not exceeding €50,000 or imprisonment for a term not exceeding 5 years or both.

Please note: With effect from 2003, the names of all employers who employ employment permit holders, as well as the number of permits issued to that employer, are made publicly available on the Department's website.

(G) Application Form Checklist

Please ensure that the application form is completed correctly. The following checklist should be used to ensure that all required information/documentation is provided. Incomplete application forms will be returned to the applicant or authorised agent (if applicable).

Attach 1 passport sized photograph, with Foreign National's name printed on the back.

Part One - Details of the Person who has made the offer of employment's Trusted Partner Registration: Complete all questions

Part Two - Details of Foreign National: Complete all questions

Please supply clear copies (preferably in colour) of the following:

- · Passport pages showing photograph, personal details and expiry date
- Immigration stamps (if GNIB personal identification number not available).
- Visa (if GNIB personal identification number not available).

Original documents should not be submitted

Part Three - Details of Redundancy: Complete all questions, as applicable.

 Please complete in relation to any redundancies within the last 6 months in the employment that is the subject of the Employment Permit application.

Part Four - Details of Employment: Complete all questions (unless otherwise specified)

Please supply copies of the following in the case of health professionals, including registered doctors, registered nurses and security personnel who have not provided their Registration/PIN number at Part 3, Question 3:

 A copy of registration with the appropriate regulatory body or recognition of qualifications pursuant to Schedule 2 in the Principal Regulations.

Please supply details of the Governing Body of the Sport or Cultural activity concerned.

Please supply the following in the case of an employment in a restaurant or a fast food outlet:

- . copies of any certified qualifications of the Foreign National in respect of whom the application is made, and
- in the case of an application for employment as an executive chef, head chef, sous chef or specialist chef specialising in cuisine
 originating from a state that is not a Member State of the EEA, a statement from the Person who has made the offer of
 employment, confirming that the Foreign National in respect of whom the application is made shall be employed in an
 establishment other than a fast food outlet.

Part Five - Details of Payment: Complete all questions

- Include the appropriate fee if required (the current fees applicable are available on the Department's website).
- Sign Payer declaration original signature required.
- If applicable, clear photocopies of the relevant pages of the EEA Spouse/Civil Partners' current passport showing his or her picture, personal details, passport expiry date and his or her signature, and a copy of the marriage certificate or the civil partnership registration evidencing the relationship of the Foreign National and the EEA national.

Part Six - Acceptance of Terms & Conditions

. Sign and date the appropriate declarations - original signatures required.

EMPLOYMENT PERMITS SECTION

Contact Details

E-mail: employmentpermits@djei.ie

Call Centre: 353-1-417 5333

LoCall: 1890 201 616 (from within Ireland only)

Fax: 353-1-631 3268

Address: Davitt House

65a Adelaide Road

Dublin 2 Ireland

Employment Permits Section Web pages

Information and application forms may be downloaded from the Employment Permits Section web pages on the Department of Jobs, Enterprise and Innovation's website.

Enterprise and Innovation's website

PLEASE NOTE: The pages giving details on Requirement for Supporting Documentation and Application Form Checklist – parts A, B, C, D, E, F and G are for instruction purposes only. It is not necessary to include these pages when submitting the completed application form.

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Form I

Application form for grant of Internship Employment Permit



TPIEP001/15

Application by Trusted Partner for an **Internship Employment Permit Application**

This form should be used where the Person who has made the offer of employment has been granted Trusted Partner status by the Department of Jobs, Enterprise and Innovation and has been issued with a Trusted Partner Registration Number and where they wish to apply for:

- An Employment Permit to facilitate the employment in the State, of a foreign national who is a full-time student enrolled in a third level institution outside the State for the purposes of gaining work experience for the completion of their Degree
- The foreign national must:
 - be pursuing a degree course or higher in a discipline linked to the employments in respect of which there is a shortage in respect of the qualifications, skills, knowledge or experience and which are required for the proper functioning of the economy and which are listed in Schedule 3 in the Principal Regulations, and have an offer of an Internship with an employer in the State.

Internship Employment Permits are non-renewable and are issued for a maximum period of 12 months.

For permission to work in the State for a period of less than 90 days, the Atypical Working Scheme operated by the Department of Justice and Equality may be appropriate

Complete ALL parts of this form as required in BLOCK CAPITALS. The Foreign National and the Agent (if applicable), must sign the declarations at the end of the form

INCOMPLETE FORMS WILL BE RETURNED TO THE APPLICANT OR THE AUTHORISED AGENT (IF APPLICABLE).

Recent Passport Photograph

Please print Foreign National's name on back of photograph and staple here.

Who is applying for the permit (i.e. Who is the appl	plicant)?
--	-----------

The Person who has made the offer of employment must be the applicant for an employment permit under the Trusted Partner Initiative.

Health Professional

If this is an application for a Health Professional listed in Part A or Part B of Schedule 2 in the Principal Regulations please tick this box

Part One	T	rus	te	d F	aı	rtn	er	De	tai	ls		
Registered name of Company/ Business:												
Employer Registered Number: (obtained from the Revenue Commissioners)												
Trusted Partner Registration Number: (obtained from the Department of Jobs, Enterprise and Innovation)	9	5	0			I						
Number of EEA* and/or Swiss nationals (including lrish) currently employed by the Person who has made the offer of employment:			Number of non-EEA nationals currently employed by the Person who has made the offer of employment:									
Is all of the information provided by the Person who has made the offer of employment in their application for Trusted Partner Registration still valid and in-date?	Yes	s.					No.					
*The EEA comprises the Member States of the European	Union	togeth	er with	lcelan	d, Nor	way &	Liechte	enstein		10.5		

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Part Two		Details of	Foreign I	National
1. Passport Number:	T-1			
2. Expiry Date:	D 0 M M	YY	5	
3. Nationality:	BLOCK	CAPITALS		se details exactly appear on the
4. First Name:	BLOCK	CAPITALS		ational's passport.
5. Middle Name(s):	BLOCK	CAPITALS		
6. Family Name:	BLOCK	CAPITALS		
7. Date of Birth:	D 0 M M	Y Y	8. Male:	9. Female:
D. Current Address /for	eion address required if r	residing outside the State):		de la
Address 1:			CK CAPITALS	10
Address 2:		5LO	CK CAPITALS	
Town:		810	CK CAPITALS	
County:		8L0	CK CARITALE	
Country:		8LQ:	CK-CAPITALS	
. Telephone No.:		12: M	obile Phone No.:	
I. Please provide the Fo	oreign National's PPS I	Number if available:		
l. E-mail address:				
5. Is the Foreign Nation	al currently in the State	0?	Yes	No
	sis are they currently in d details, as requested	n the State, please describe l, below:	, and	OCK CAPITALS
		BLOCK CAPIT	ALS	
	Enter below detail	s exactly as they appear or	n the Foreign National's	GNIB card*.
GNIB Pin No.		Dep	ot. No.	
amps and visa. If the Foreign Nation lawfully during this	nal has held consecuti time, s/he may be eligi	ve employment permits for ible to apply for a Stamp 4	an uninterrupted perio permission to remain fr	ase supply a copy of the current immigra d of 5 years and has been working om the Irish Naturalisation and aloyment permit will be required.
	y submitting this appli employment permit is		confirms that s/he has	considered the available options
			ant to the Job Offer as	stated in Part 4 of the application form
	ification			
 Highest level of Qual elevant to the employm e.g. Certificate, Diplo Degree, etc. 	ent:	BLOCK CAPITAL	17. D	ate of Completion:

BLOCK CAPITALS 1. Has the Foreign National previously made an application for asylum in the State? If 'Yes' please describe on what basis the permission was sought and indicate whether or not permission was granted: BLOCK CAPITALS 2. Has the Foreign National been in the State on a previous occasion without permission? If 'Yes' please describe on what permission they have to be employed: BLOCK CAPITALS 2. Has the Foreign National been employed in the State previously? If 'Yes' please describe on what permission they had to be employed: BLOCK CAPITALS 2. Has the Foreign National been employed in the State previously? If 'Yes' please describe on what permission they had to be employed: BLOCK CAPITALS 2. Has the Foreign National married to, or in a civil partnership with, an Irish or EEA national? If 'Yes' what nationality is their spouse/partner? BLOCK CAPITALS	BLOCK CAPITALS No Yes No Yes No If 'Yes' please describe on what basis the permission was sought and indicate whether or not permission was granted: BLOCK CAPITALS If 'Yes' please describe on what permission they have to be employed: BLOCK CAPITALS BLOCK CAPITALS BLOCK CAPITALS SLOCK CAPITALS If 'Yes' please describe on what permission they have to be employed: BLOCK CAPITALS SLOCK CAPITALS If 'Yes' please describe on what permission they had to be employed: BLOCK CAPITALS SLOCK CAPITALS SLOCK CAPITALS If 'Yes' please describe on what permission they had to be employed: BLOCK CAPITALS SLOCK CAPITALS No If 'Yes' what national married to, or in a civil partnership with, an Irish or CA national? If 'Yes' what nationality is their spouse/partner? It st the Foreign National the spouse, civil partner or dependant of, the holder Yes No	19. Final Subjects Taken:	BLOCK CAPITALS	8),	OOK CAPITALS
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	an Employment Permit or the holder of any other type of permission to work the State?	If 'Yes' what nationality is th	neir spouse/partner?	5100	IK CAPITALS
of an Employment Permit or the holder of any other type of permission to work		of an Employment Permit or the h		Yes	No
in the State (ou must now attach the documents outlined in Requirement for Supporting Documentation under "(B) Foreign National Requirements.	in the State i			

Part	T	hree				D	eta	iils	of	Rec	lur	nda	ncy	/		
he mean	ing of	d by the Per section 9 of ified in para	the Reds	undancy	Payme	nts Ac	t 1967	and wh	here su	ch dismis	sal wa	s attribi				
Please co	mplete	e in full.														
edundan	it in the	yees of the employme months?										Yes		,	No	
ast six m hat empl application	onths oymen on, diff	s have been please outli it that have l ers from tho application	ine the re been ma ose positi	ason(s) de redun	for the	redund nd exp	dancie: lain ho	s. This	should	include in, which is	inform s the s	ation or ubject o	the nu	mbers of	f pos	sitions in ermit

Part Four	Details	of Emplo	yment					
1. Title of Job:	BLOCK CAPITALS							
	be completed by Health Profe and Part B of Schedule 2 in		curity Personnel who are listed in quiations.					
2. Regulatory Body:	BLOC	K CAPITALS						
3. Registration/Pin/ Licence No.:								
	stered Doctors, Nurses or Security Per Is above. Documentary evidence will n		of Schedule 2 in the Principal Regulations					
	onals listed in Part B of Schedule 2 in recognition of their qualifications from		ns must provide a copy of their registration th.					
4. Place(s) at which the employment	concerned is to be carried out:	10 11 0	CK CAPITALS					
	BLOCK	CAPITALS						
5. Proposed Period of Employment Permit (maximum of 1 year)]	3.4					
6. Proposed Start Date*:	0 0 M M Y Y							
*We recommend all Employment Permi	t applications be submitted to the Dep	_ artment at least 12 wee	ks before the proposed start date of					
employment.								
7. Gross Annual Remuneration*	€	(Gross remuneration premium payment	on excludes overtime or ts)					
8. Gross Annual Salary: (if different from above)	€							
9. Gross Weekly Salary:	E	10. Hourly Rate of Pay:	€					
11. Deductions from Gross Weekly Salary:	€	Please specify purpose of deductions:	BLOCK CAPITALS:					
12. Health Insurance*:	€	Please specify name of Health Insurance Provider:	BLOCK CAPITALS					
* All amounts which make up the basic Annual Remuneration this must be veri (NERA) inspection.		ne payslips. If Health In						
* Health Insurance can only be conside Undertakings referred to in section 14 o		ice is a person entered	in the Register of Health Benefits					
13. Number of hours of work per week*:								
*Please note that for the purposes of E/	mployment Permit Applications, the sta	andard working week is	39 hours per week.					
14. What are the main functions of th	is job:							
	BLOCK CA	PITALS						
15. Please detail the qualifications, s experience required for this job:	kills, knowledge and	BLOCK (DAPITALS					
experience required for this job.	BLOCK CAL	TTACE	-					
	BLOCK CAL	PITALS						
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l	BLOCK CAPITALS	
1	BLOCK CAPITALS	
	BLOCK CAPITALS	
id you use an Agent/Recruitment Agency to recruit	the Foreign National? Yes	No
If 'Yes' please provide name and address of the	BLOCK CAPI	TALS
Agent/Recruitment Agency:	BLOCK CAPITALS	100000
	BLOCK CAPITALS	
If 'No' please provide details of the recruitment method:	BLOCK CAPITA	. 5
must now attach the documents outlined in Requir	ement for Supporting Documentation under	"(C) Application Requiremen
	applicable)	

Part Six

Acceptance of Terms & Conditions

Declaration of Foreign National

I, the undersigned, agree to undertake employment on the above basis and I understand that, while in employment in the State, I will be entitled to the full benefit of all the relevant Irish Employment Rights Legislation.

I hereby solemnly declare that:

- the qualifications, skills, knowledge and experience I have attained are as stated in Part 2 of the application form and they
 correspond with and are relevant to the position on offer;
- I am a fully accredited member of the relevant professional body pursuant to Part C of Schedule 2 in the Principal Regulations for the position on offer, as stated in Part 4 of the application form (if applicable);
- If this application is for a Critical Skills Employment Permit, I have received a job offer of 2 years, or more, from the Person who has made the offer of employment, as stated in Part 1 of the application form;
- if this application is for an employment in respect of a Carer in a private home and an employment permit is granted, I will
 have no objection to an Inspector from the National Employment Rights Authority (NERA) visiting the premises where
 employment is being carried out and to speak to me and the employer should the need arise; and
- · I will be fully tax compliant;

and that to the best of my knowledge and belief:

I will be employed, salaried and paid under an employment contract governed by the laws of the State by the Person who
has made the offer of employment, as stated in Part 1 of the application form.

Furthermore, I understand and accept that in accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

	ing reckless as to whether it is so false or m		
Signature of Foreign National: (Original signature required)		Title:	
Name (in BLOCK CAPITALS):	BLOCK CAPITALS	Date: O O H	M Y Y
Your employment permit will i	Original of Employmen normally be posted to you at your c		2 of this Form.
Tick this box if you want your permit	to be posted to your current address.		
Tick this box if you want your permit as stated in Part 1 of this Form.	to be posted to the Person who has made th	ne offer of employment	
	to be posted to the Agent who was authoris art of the Trusted Partner Registration.	ed to deal with	
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Agent authorised by the Trusted Partner to deal with employment permit applications

	d, the foreign national must be in agreement with espondence regarding this application.	the nomination of an agent and must sign
Agent Name (in BLOCK CAPITALS):	BLOCK CAPITALS	Title:
I understand that neither I, nor a personal Employment Permit.	on acting on my behalf, shall keep any personal d	ocument belonging to a holder of an
Signature of Agent: (Original signature required)		Date:
Agent's Address for Correspondence		
Address 1:	BLOCK CAP	ITALS
Address 2:	BLOCK CAP	ITALE
Town:	BLOCK CAP	STALS
County:	Brock CVI	TTALS
Country:	BEOCK CAP	TAES
E-mail address:		
Telephone number:		
I, the Foreign National, permit the abo	we named agent to act on my behalf in respect of	this application.
Signature of Foreign National: (Original signature required)		Date: D D M W Y Y
The certified copy of the en	ertified Copy of Employment nployment permit will normally be poste he registered company/business addres Partner Registration	ed to the Person who has made the
Tick this box if you want the certified	copy of the employment permit to be posted to the	nis registered address.
	copy of the employment permit to be posted to y ermit applications as part of the Trusted Partner	
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Requirements for Supporting Documentation

(A) Requirements for Person who has made the offer of employment

Additional documentation

The Minister may at times request information that might materially assist in making a decision on an application.

(B) Requirements for Foreign National

For all Foreign Nationals

- Clear, legible copy (preferably in colour) of the personal details pages of the Foreign National's passport, showing his or her picture, personal details and his or her signature.
- In the case of health professionals listed in Part B of Schedule 2 in the Principal Regulations, a copy of the registration with the appropriate medical body or recognition of qualifications from the relevant Minister of the Government.

For all Foreign Nationals resident in the State

 Please supply your GNIB personal identification number which is shown on your GNIB card. If not available please supply a clear, legible copy (preferably in colour) of your current immigration stamps and visa.

Please Note: Original documents should not be submitted.

Important Note concerning the passport expiry date

In the case of all applications for employment permits, the Foreign National must hold a passport which is in date and valid for at least 12 months or more after the date of the application. Employment Permits cannot be considered for Foreign Nationals who do not fulfill this requirement.

(C) Application Requirements

The following additional documentation must be supplied with all Internship Employment Permit applications.

An original letter from a third level institution outside the State-

- confirming that the foreign national is enrolled as a full-time student at that institution.
- · providing the name and description of the course of study in which the foreign national is enrolled,
- · providing the qualifications or skills with which the course of study is wholly or substantially concerned,
- confirming that the employment in respect of which the application is made is wholly or substantially concerned with the course of study on which the foreign national is enrolled,
- confirming that the foreign national is required, for the completion of the course of study, to obtain experience in the practice of the skills or qualifications with which the course of study is concerned for a period of not more than 12 months in an employment that requires the practice of those skills or qualifications, and
- confirming that the foreign national is required to return to the institution at the end of the 12 month period in order to complete the course of study.

An original letter from the person who has made the offer of employment-

- confirming that the employment is for a period not exceeding 12 months, and
- stating the employment, as listed in Schedule 3 of the Principal Regulations, in which the foreign national is to be employed.

(D) Schedule of Fees

An application for a new employment permit shall be accompanied by the fee prescribed in the Principal Regulations for the purposes of section 5(2) of the Employments Permits Act 2006 (as amended). The current fees applicable are available on the Department's website.

Refunds

90% of the fee will be refunded to the Applicant if the application is refused or withdrawn prior to the issuing of the permit.

No fees will be refunded if the Employment Permit holder ceases employment after the permit has been issued.

Employment Permits Section is unable to refund fees by payable order. If a refund of fees is due for any reason, a mandate form will be forwarded to the applicant for completion. The refund will be paid by EFT directly into the applicant's bank account, as per details provided on the mandate form.

Acceptable Forms of payment

In accordance with D/Finance Circular 1/2013, from 19 September 2014 (e-Day) the public sector will no longer accept cheques, bank drafts or postal orders from business users in respect of services rendered. To facilitate this, the Employment Permits Section now has a commercial bank account into which payments can be made by Electronic Funds Transfer (EFT). When an application is accepted as complete an email will issue to the applicant giving details of the amount of the fee due, the bank account into which the payment should be made and an Application

ID number which must be used as the reference when making the payment.

For all other users, payment can continue to be made in the form of a Euro denominated cheque, bank draft or postal order, drawn on a financial institution operating within the Irish clearing system. Please note that all foreign drafts and cheques will be returned. Cheques should be made payable to: Department of Jobs, Enterprise & Innovation.

(E) Conditions of Issue of an Employment Permit

- A. Issue of an Employment Permit in respect of a foreign national does not in itself authorise such a person to enter or reside within the State. Admission to the State and authorised duration of stay is subject to the control of the Immigration Authorities.
- B. All Employment Permits are issued on the proviso that the named foreign national is paid, as a minimum, the remuneration specified on the Employment Permit. The only allowable deductions are those which appear on that Employment Permit. The remuneration being paid must be verifiable in the event of a National Employment Rights Authority (NERA) inspection. Failure to comply could lead to the revocation of the Employment Permit under section 16(1)(df) of the Employment Permits Act 2006, as amended.
- C. It is recommended that an application for an Employment Permit should be made at least 12 weeks before the foreign national is required to take up employment.
- Any application that contains omissions or is incorrectly completed will be returned to the applicant or the authorised agent (if applicable) for completion.
- E. A fee, as determined by the Minister for Jobs, Enterprise and Innovation is payable by the applicant or the authorised agent (if applicable) for each Employment Permit granted.
- F. In line with section 24 of the Employment Permits Act 2006, as amended, should the employment that is the subject of the Employment Permit cease, for whatever reason, the original and the certified copy of the Employment Permit must be returned to the Employment Permits Section within 4 weeks from the date of cessation. Failure to comply with this requirement is an offence.

Non-compliance with any provision of the Aliens Act 1935, the Immigration Acts, the Employment Permits Acts 2003 and 2006, as amended or any Order made under these Acts is an offence punishable by Law.

(F) Declaration

Data Sharing and Data Protection

The Employment Permits Section may undertake verification of all data submitted on this application form. The Foreign National and the authorised Agent (if applicable) are advised that in signing this application form they consent to allow the Employment Permits Section to share and request data as necessary, for the sole purpose of verifying the information submitted, between relevant Government Departments and Agencies.

The signatories to this application may find further information concerning data sharing and the obligations of Data Controllers on the Data Protection Commissioner's website at www.dataprotection.ie. Alternatively, they may call: (057) 868 4800 / Lo-Call Number: 1890 252231.

Please note that a percentage of all applications will be chosen at random for inspection by the National Employment Rights Authority (NERA), Relevant documents will have to be provided as part of this inspection. Under Section 16 (d) of the Employment Permits Act 2006, as amended, the Minister may revoke an employment permit if, in the opinion of the Minister, any information provided in respect of the application for it was false or misleading in a material respect.

In accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4 or 20, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

Furthermore, in accordance with Section 32 (1) of the Employment Permits Act 2006, as amended, a person guilty of an offence under section 18(2), 19(3), 23(4) or 25 is liable—

- (a) on summary conviction, to a fine not exceeding €5,000 or imprisonment for a term not exceeding 12 months or both, or
- (b) on conviction on indictment, to a fine not exceeding €50,000 or imprisonment for a term not exceeding 5 years or both.

Please note: With effect from 2003, the names of all employers who employ employment permit holders, as well as the number of permits issued to that employer, are made publicly available on the Department's website.

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(G) Application Form Checklist

Please ensure that the application form is completed correctly. The following checklist should be used to ensure that all required information/documentation is provided. Incomplete application forms will be returned to the applicant or authorised agent (if applicable).

Attach 1 passport sized photograph, with Foreign National's name printed on the back

Part One - Details of the Person who has made the offer of employment's Trusted Partner Registration: Complete all questions

Part Two - Details of Foreign National: Complete all questions

Please supply clear copies (preferably in colour) of the following:

- Passport pages showing photograph, personal details and expiry date
- Immigration stamps (if GNIB personal identification number not available).
- Visa (if GNIB personal identification number not available).

Original documents should not be submitted.

Part Three - Details of Redundancy: Complete all questions, as applicable

Please complete in relation to any redundancies within the last 6 months in the employment that is the subject of the Employment Permit application.

Part Four - Details of Employment: Complete all questions (unless otherwise specified)

Please supply an original letter from the third level institution outside the State to include the following:

- confirmation that the foreign national is enrolled as a full-time student at that institution,
- providing the name and description of the course of study in which the foreign national is enrolled,
- providing the qualifications or skills with which the course of study is wholly or substantially concerned,
- confirming that the employment in respect of which the application is made is wholly or substantially concerned with the course of study on which the foreign national is enrolled,
- confirming that the foreign national is required, for the completion of the course of study, to obtain experience in the practice of the skills or qualifications with which the course of study is concerned for a period of not more than 12 months in an employment that requires the practice of those skills or qualifications. And
- confirming that the foreign national is required to return to the institution at the end of the 12 month period in order to complete the course of study

Please supply an original letter from the person who has made the offer of employment to include the following:

- confirming that the employment is for a period not exceeding 12 months, and
- stating the employment, as listed in Schedule 3 of the Principal Regulations, in which the foreign national is to be employed.

Part Five - Details of Payment: Complete all questions

- Include the appropriate fee if required (the current fees applicable are available on the Department's website).
- Sign Payer declaration original signature required.
- If applicable, clear photocopies of the relevant pages of the EEA Spouse/Civil Partners' current passport showing his or her picture, personal details, passport expiry date and his or her signature, and a copy of the marriage certificate or the civil partnership registration evidencing the relationship of the Foreign National and the EEA national.

Part Six - Acceptance of Terms & Conditions

Sign and date the appropriate declarations - original signatures required

EMPLOYMENT PERMITS SECTION

Contact Details

E-mail: employmentpermits@djei.ie

Call Centre: 353-1-417 5333

> LoCall: 1890 201 616 (from within Ireland only)

353-1-631 3268 Fax:

Address: Davitt House

65a Adelaide Road Dublin 2

Employment Permits Section Web Pages

Information and application forms may be downloaded from the Employment Permits Section web pages on the Department of Jobs,

Enterprise and Innovation's website

PLEASE NOTE: The pages giving details on Requirement for Supporting Documentation and Application Form Checklist - parts A, B, C, D, E, F and G are for instruction purposes only. It is not necessary to include these pages when submitting the completed application form.

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Form J

Application form for renewal of Dependant/Partner/Spouse Employment Permit



TPRDPSEP001/15

Application by a Trusted Partner for a Dependant/Partner/Spouse **Employment Permit RENEWAL Application**

This form should be used where the Employer has been granted Trusted Partner status by the Departme of Jobs, Enterprise and Innovation and has been issued with a Trusted Partner Registration Number and where they wish to apply for:

- A renewal of an existing Dependant/Partner/Spouse Employment Permit for the same employer and employment.
- A renewal application for a Dependant/Partner/Spouse Employment Permit should be made within the period of 4 months ending on the date of expiry of the existing Dependant/Partner/Spouse **Employment Permit**

This form should NOT be used where an Employer wishes to apply for

- a change in the type of Employment Permit held by the foreign national, a change in the type of employment currently specified on the existing Employment Permit, or an Employment Permit for a foreign national currently employed by a different employer on foot of an

in these cases a new Employment Permit application is required and the New Employment Permit Application Form for the relevant permit type should be used.

Before completing this form, please read the relevant permit information which is available on our website. Complete ALL parts of this form as required in BLOCK CAPITALS. The Foreign National and the Agent (if applicable), must sign the declarations at the end of the form.

INCOMPLETE FORMS WILL BE RETURNED TO THE APPLICANT OR THE AUTHORISED AGENT (IF APPLICABLE).

Recent Passport Photograph

Please print Foreign National's name on back of photograph and staple here.

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Who is app	plying for the p	ermit (i.e. Who i	s the applicant)?
a Constance made he s	the annihood for an a	manufacement manuals con-	Invited Tourstand Plantage In

The Employer must be the applicant for an employment permit under the Trusted Partner Initiative.

Health Professional

If this is an application for a Health Professional listed in Part A or Part B of Schedule 2 in the

Principal Regula	tions	piea	se tick	this bo	×			
Part One 1	۲u	st	ed F	art	ner D)etai	ls	
Registered name of Company/ Business:								
Employer Registered Number: (obtained from the Revenue Commissioners)		Π		T				
Trusted Partner Registration Number: (obtained from the Department of Jobs, Enterprise and Innovation)	9	5	0					
Number of EEA* and/or Swiss nationals (including lrish) currently employed by the Employer:					non-EEA no		urrently	
is all of the information provided by the Employer in their application for Trusted Partner Registration still valid and in-date?	Yes.				No.	2		
*The EEA comprises the Member States of the European	Union t	togeth	or with los	iland, Nor	way & Liech	tenstein.	- 13	
Requirement for Supporting Do	cumen	tation	under "/	A) Requi	rements for	the Emple	oyer"	

Part Two		of Foreign National Employment Permit)
1. Passport Number:		
2. Expiry Date:	O O M M V V	
3. Nationality:	BLOCK CAPITALS	Enter these details exactly as they appear on the
4. First Name:	BLOCK CAPITALS	Foreign National's passport.
5. Middle Name(s):	BLOCK CAPITALS	
6. Family Name:	BLOCK CAPITALS	
7. Date of Birth:	O D M M Y Y	8. Male: 9. Female:
10. Telephone No.:		11: Mobile Phone No.:
12. Current Address:		BLOCK CAPITALS
	SLOCK C	
-	BLOCK C	
13 Please provide the Fore	ign National's PPS Number:	
14. Please provide the num	ber of the Employment Permit being renev	red:
15. E-mail:		
16. Immigration Details (Ple	wase enter the details exactly as they appear of	on your current GNIB card*)
GNIB Pin No.	1	Dept. No.
*If the Foreign National is in t immigration stamps and visa.		identification number then please supply a copy of their current
been working lawfully	during this time, s/he may be eligible to a nigration Service. However, if the propose	ent permits for an uninterrupted period of 5 years and has oply for a Stamp 4 permission to remain from the Irish and Foreign National is unable to obtain a Stamp 4, an
	submitting this application the proposed Fi that an employment permit is still required.	oreign National confirms that s/he has considered the available
You must now attach the	documents outlined in Requirement for St Employment Permit)	pporting Documentation under "(B) Foreign National (Holder of Requirements."

Part Three	Details	of Emplo	yment
. Title of Job:		CAPITALS	
	be completed by Health Pro A and Part B of Schedule 2 i		curity Personnel who are liste gulations.
. Regulatory Body:	BLOC	K CAPITALS	
J. Registration/Pin/ Licence No.:			
	istered Doctors, Nurses or Security Pe its above. Documentary evidence will		of Schedule 2 in the Principal Regulation
	ionals listed in Part B of Schedule 2 in recognition of their qualifications from		ns must provide a copy of their registra ith.
. Place(s) at which the employment	concerned is to be carried out:	BLO	OCK CAPITALS
	BLOCK	CAPITALS	
Proposed Period of Employment Permit (maximum period of 3 years)*			
ne renewal stage if a foreign national I		ith the same employer i	inployment Permit may be applied for at for five years or more. Please note that before the expiry date of the existing
Gross Annual Remuneration*	€	(Gross remunerati premium paymen	on excludes overtime or ts)
Gross Annual Salary: (if different from above)	E		
. Gross Weekly Salary:	€	9. Hourly Rate of Pay:	€
Deductions from Gross Weekly Salary:	ϵ	Please specify purpose of deductions:	BLOCK CAPITALS
1. Health Insurance":	€	Please specify name of Health Insurance Provider:	BUOCK CAPITALS
	flable by way of supporting document		nsurance is being included in the Gross such documentation may also be requir
	red if the provider of the health insura	ince is a person entered	I in the Register of Health Benefits
2. Number of hours of work per week*:			
	Employment Permit Applications, the s	tandard working week i	s 39 hours per week.
Please note that for the purposes of E			
Please note that for the purposes of £ 3. What are the main functions of the second sec		BLOCK	CAPITALS

Number: Expiry Date: Do M M Y Y Enter these details exactly as they appear on the Primary Permit Holder's or Researcher's passport. Middle Name(s): BLOCK CAPITALS HOCK CAPITALS BLOCK	Number: Expiry Date: Down Wyy Enter these details exactly as they appear on the Primary Permit Holder's or Researcher's passport. Middle Name(s): BLOCK CAPITALS HOCK CAPITALS Family Name: BLOCK CAPITALS Family Name: BLOCK CAPITALS BLOCK CAPITALS Family Name: BLOCK CAPITALS BLOCK CAPITALS BLOCK CAPITALS Family Name: BLOCK CAPITALS	Number: Expiry Date: Down Wyy Enter these details exactly as they appear on the Primary Permit Holder's or Researcher's passport. Middle Name(s): BLOCK CAPITALS HOCK CAPITALS Family Name: BLOCK CAPITALS Family Name: BLOCK CAPITALS BLOCK CAPITALS Family Name: BLOCK CAPITALS BLOCK CAPITALS BLOCK CAPITALS Family Name: BLOCK CAPITALS	Number: Expiry Date: Down Wyy Enter these details exactly as they appear on the Primary Permit Holder's or Researcher's passport. Middle Name(s): BLOCK CAPITALS HOCK CAPITALS Family Name: BLOCK CAPITALS Family Name: BLOCK CAPITALS BLOCK CAPITALS Enter below details exactly as they appear on the Primary Permit Holder's/Researcher's GNIB card*. GNIB Pin No. Be Primary Permit Holder/Researcher is in the State but does not have a GNIB personal identification number then please support our current immigration stamps and visa Rease enter the Hosting Agreement number for the Researcher (if applicable):	Number: Expiry Date: Down Wyy Enter these details exactly as they appear on the Primary Permit Holder's or Researcher's passport. Middle Name(s): BLOCK CAPITALS HOCK CAPITALS Family Name: BLOCK CAPITALS Family Name: BLOCK CAPITALS BLOCK CAPITALS Family Name: BLOCK CAPITALS BLOCK CAPITALS BLOCK CAPITALS Family Name: BLOCK CAPITALS	Number: Expiry Date: Down Wyy Enter these details exactly as they appear on the Primary Permit Holder's or Researcher's passport. Middle Name(s): BLOCK CAPITALS HOCK CAPITALS Family Name: BLOCK CAPITALS Family Name: BLOCK CAPITALS BLOCK CAPITALS Family Name: BLOCK CAPITALS BLOCK CAPITALS BLOCK CAPITALS Family Name: BLOCK CAPITALS	rt Three		Researcher
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Part Four		Req	uirem	ent f	or Pay	ment	3		
Is a fee payable for this Emp application?	oloyment Permit	Yes				,	lo		
If No, please indicate on wha	at basis no fee is a	pplicable?	20 00				- 15	100	
The Employer is the applica the Revenue Commissioner		ole status with		nati	is in respect of onal married to rship with an E	or in a cir	liv		
Dependant/Partner/Spouse I	Employment Permi		Sp		General, React ultural Employ		sit		
If no fee is payable proceed	to Part Six.								
			Detail	s of F	Payme	nt			
Important Note for Business In accordance with DiFinance postal orders from business ut based payments from busines (EFT). Business user applicants fo e-mail address to request pa and Payers Declaration belo Section as complete. An e-n	Circular 1/2013, from sers in respect of sers in respect of sers in users and has set or employment permayment must be provided in the relevant and the relevant.	by Electronic Funds 19 September rivices rendered up a commercial mits should composided at Quest payment will b	ands Transfer 2014 (e-Day) To facilitate to il bank account aplete the Co- tion 8. They see requested to	the public s his, the Emp t into which ntact Detail should also when an ap	ector will no lon playment Permit payments can l s of Payer (Qu complete Pay plication is acc	ger accept is Section v be made by estions 1, ment Detai cepted into	vill no lor r Electron 2, 3, 4, 5 its (Ques the Em	iger acc nic Func i, 6, 7, a stions 9 ployme	cept paper is Transfe and 8) – ar and 11) ont Permit
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Applicants, other than busines Contact Details	Marie Printer and	e to make payme	ent by cheque	bank draft	or postal order	and must c	omplete i	all detai	is below.
Please indicate who is ma payment:	aking the		Employer	F	oreign Nationa	al	Ot	her	
2. Title:	Mr	Mrs	Miss	Ms	Oth	er (please state)			
3. Name			81.00	K CAPI	TALS				
4. Company (if applicable):			BLOC	K GAPT	TALS				
5. Telephone Number:				6. Fax Nun	nber:				
7. Mobile Phone Number:									
8. E-mail:									
Payment Details									
9. Method of Payment:	Electronic Fun Transf	0.00	Cheque		Bank Draft	P	ostal Or	der	
10. Cheque No.									
11. Payment enclosed / Amount of Payment Due:	€								
Payment must be in the form of Clearing System. Cheques sh							operating	g within	the Irish
Payer's Declarate	tion								
I, the undersigned, agree the (Under the Employment Permitotal fee paid).									
Payer's Signature: (Original signature required)					Date:	0 0	M J	vt. x	Y
Employment Permits Section is forwarded to the applicant for the mandate form.									

Part Six

Acceptance of Terms & Conditions

Declaration of Foreign National

I, the undersigned, agree to undertake to continue in employment on the above basis and I understand that, while in employment in the State, I will be entitled to the full benefit of all the relevant Irish Employment Rights Legislation.

I hereby solemnly declare that:

- I am a fully accredited member of the relevant professional body pursuant to Part C of Schedule 2 in the Principal Regulations for the position on offer, as stated in Part 3 of the application form (if applicable);
- if this application is for an employment in respect of a Carer in a private home and an employment permit is granted, I will
 have no objection to an Inspector from the National Employment Rights Authority (NERA) visiting the premises where
 employment is being carried out and to speak to me and the employer should the need arise; and
- · I will be fully tax compliant;

and that to the best of my knowledge and belief:

 I will continue to be employed, salaried and paid under an employment contract governed by the laws of the State by the Employer, as stated in Part 1 of the application form;

owing that it is so false or mislead	ing or being reckless as to whether it is so	raise of misicadin	
gnature of Foreign tional: riginal signature required)		Title:	
me (in BLOCK CAPITALS):	SLOCK CARITALS	Date:	(D) D) M M Y; X
our employment permit will r	Original of Employment		e as in Part 2 of this Form
	to be posted to your current address.		
k this box if you want your permit	to be posted to the Employer as stated in F	Part 1 of this Form.	
	to be posted to the Agent who was authori art of the Trusted Partner Registration.	sed to deal with	
	-		<u> </u>

Agent authorised by the Trusted Partner to deal with

employment permit applications		
To ensure privacy of data is respected, to below. Agents will be copied any corresponder.		th the nomination of an agent and must sign
Agent Name (in BLOCK CAPITALS):	BLOCK CAPITALS	Title:
understand that neither I, nor a person Employment Permit.	acting on my behalf, shall keep any persona	document belonging to a holder of an
Signature of Agent: Original signature required)		Date:
gent's Address for Correspondence:		
Address 1:	BLOCK CA	PITALS
Address 2:	Brock Cv	PITALS
Town:	BLOCK CA	PITALS
County:	BLOCK CA	PITALS
Country:	BUOCK CA	PITALS
E-mail address:		
Telephone number:		
the Foreign National permit the above	named agent to act on my behalf in respect	of this application
Signature of Foreign National:	named agent to act on my benam in respect	
Original signature required)		Date: D D W M Y Y
The certified copy of the emp	tified Copy of Employme loyment permit will normally be pos y/business address provided as par Partner Registration	ted to the Employer at the registered
ick this box if you want the certified cop	by of the employment permit to be posted to	this registered address.
	oy of the employment permit to be posted to nit applications as part of the Trusted Partne	

Requirements for Supporting Documentation

(A) Requirements for the Employer

Additional documentation

The Minister may at times request information that might materially assist in making a decision on an application.

(B) Requirements for Foreign National

For all Foreign Nationals

- Clear, legible copy (preferably in colour) of the personal details pages of the Foreign National's passport, showing his or her picture, personal details and his or her signature.
- In the case of health professionals listed in Part B of Schedule 2 in the Principal Regulations, a copy of the registration with the appropriate medical body or recognition of qualifications from the relevant Minister of the Government.
- Please supply your GNIB personal identification number which is shown on your GNIB card. If not available please supply a clear, legible copy (preferably in colour) of your current immigration stamps and visa.

Please Note: Original documents should not be submitted.

Important Note concerning the passport expiry date

In the case of all applications for employment permits, the Foreign National must hold a passport which is in date and valid for at least 3 months or more after the date of the application. Employment Permits cannot be considered for Foreign Nationals who do not fulfill this requirement.

(C) Application Requirements

Please provide the following documents in respect of the Primary Permit Holder (current or previous holder of a Green Card/Critical Skills Employment Permit) or the Researcher:

- Clear, legible copy (preferably in colour) of the personal details pages of the primary permit holder's or researcher's current passport, showing his or her picture, personal details and his or her signature.
- Please supply the primary permit holder's or researcher's GNIB personal identification number which is shown on their GNIB card. If not available please supply a clear, legible copy (preferably in colour) of their current immigration stamps and visa.
- in respect of a primary permit holder -
 - a letter from the primary permit holder's employer, dated within the 3 month period prior to the application, confirming the primary permit holder's employment with that employer and his or her job title, or
- in respect of a researcher
 - where the researcher is resident in the State on foot of holding a current Hosting Agreement, a letter from the person in the State with whom the research is being carried out, dated within the 3 month period prior to the application, confirming that the research project researcher is carrying out such research, or
 - confirming that the research project researcher is carrying out such research, or where the researcher is no longer the holder of a hosting agreement and now has a stamp 4, a letter from the employer of the research project researcher dated within the 3 month period prior to the application, confirming the research project researcher's employment with that employer and his or her job title.

Clarification on Remuneration Paid

All applications for renewal of an employment permit must include the following documentation:

- . Copies of 3 recent payslips issued to the holder of the Employment Permit dated within the last 4 months.
- Copies of P60s issued to the holder of the Employment Permit for each year of employment covering the duration of the existing Employment Permit.
- Documentary evidence of payments in respect of Health Insurance, if applicable.

For renewal of an employment in a restaurant or a fast food outlet

If the application is in respect of such employment the following additional documentation is required:

. An up-to-date tax clearance certificate in respect of the Employer.

(D) Schedule of Fees

An application for a new employment permit shall be accompanied by the fee prescribed in the Principal Regulations for the purposes of section 5(2) of the Employments Permits Act 2006 (as amended). The current fees applicable are available on the Department's website.

Refunds

90% of the fee will be refunded to the Applicant if the application is refused or withdrawn prior to the issuing of the permit.

No fees will be refunded if the Employment Permit holder ceases employment after the permit has been issued.

Employment Permits Section is unable to refund fees by payable order. If a refund of fees is due for any reason, a mandate form will be forwarded to the applicant for completion. The refund will be paid by EFT directly into the applicant's bank account, as per details provided on the mandate form.

Acceptable Forms of payment

In accordance with DiFinance Circular 1/2013, from 19 September 2014 (e-Day) the public sector will no longer accept cheques, bank drafts or postal orders from business users in respect of services rendered. To facilitate this, the Employment Permits Section now has a commercial bank account into which payments can be made by Electronic Funds Transfer (EFT). When an application is accepted as complete an email will issue to the applicant giving details of the amount of the fee due, the bank account into which the payment should be made and an Application ID number which must be used as the reference when making the payment.

For all other users, payment can continue to be made in the form of a Euro denominated cheque, bank draft or postal order, drawn on a financial institution operating within the Irish clearing system. Please note that all foreign drafts and cheques will be returned. Cheques should be made payable to: Department of Jobs, Enterprise & Innovation.

(E) Conditions of Issue of an Employment

- Issue of an Employment Permit in respect of a foreign national does not in itself authorise such a person to enter or reside within the A State. Admission to the State and authorised duration of stay is subject to the control of the Immigration Authorities.
- All Employment Permits are issued on the proviso that the named foreign national is paid, as a minimum, the remuneration specified on the Employment Permit. The only allowable deductions are those which appear on that Employment Permit. The remuneration being paid must be verifiable in the event of a National Employment Rights Authority (NERA) inspection. Failure to comply could lead to the revocation of the Employment Permit under section 16(1)(df) of the Employment Permits Act 2006, as amended.
- C. It is recommended that an application for a Renewal Employment Permit should be made at least 12 weeks before the expiry of the existing permit.
- D. Any application that contains omissions or is incorrectly completed will be returned to the applicant or the authorised agent (if applicable) for completion
- E. A fee, as determined by the Minister for Jobs, Enterprise and Innovation is payable by the applicant or the authorised agent (if
- applicable) for each Employment Permit granted.
 In line with section 24 of the Employment Permits Act 2006, as amended, should the employment that is the subject of the Employment Permit cease, for whatever reason, the original and the certified copy of the Employment Permit must be returned to the Employment Permits Section within 4 weeks from the date of cessation. Failure to comply with this requirement is an offence.

Non-compliance with any provision of the Aliens Act 1935, the Immigration Acts, the Employment Permits Acts 2003 and 2006, as amended, or any Order made under these Acts is an offence punishable by Law.

(F) Declaration

Data Sharing and Data Protection

The Employment Permits Section may undertake verification of all data submitted on this application form. The Foreign National and the Authorised Agent (if applicable) are advised that in signing this application form they consent to allow the Employment Permits Section to share and request data as necessary, for the sole purpose of verifying the information submitted, between relevant Government Departments and

The signatories to this application may find further information concerning data sharing and the obligations of Data Controllers on the Data Protection Commissioner's website at www.dataprotection.ie. Alternatively, they may call: (057) 868 4800 / Lo-Call Number: 1890 252231.

Please note that a percentage of all applications will be chosen at random for inspection by the National Employment Rights Authority (NERA). Relevant documents will have to be provided as part of this inspection. Under Section 16 (d) of the Employment Permits Act 2006, as amended, the Minister may revoke an employment permit if, in the opinion of the Minister, any information provided in respect of the application for it was false or misleading in a material respect.

In accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4 or 20, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

Furthermore, in accordance with Section 32 (1) of the Employment Permits Act 2006, as amended, a person guilty of an offence under section 18(2), 19(3), 23(4) or 25 is liable-

- (a) on summary conviction, to a fine not exceeding €5,000 or imprisonment for a term not exceeding 12 months or both, or
- (b) on conviction on indictment, to a fine not exceeding €50,000 or imprisonment for a term not exceeding 5 years or both.

Please note: With effect from 2003, the names of all employers who employ employment permit holders, as well as the number of permits issued to that employer, are made publicly available on the Department's website.

(G) Application Form Checklist

Please ensure that the application form is completed correctly. The following checklist should be used to ensure that all required information/documentation is provided. Incomplete application forms will be returned to the applicant or authorised agent (if applicable).

Attach 1 passport sized photograph, with Foreign National's name printed on the back.

Part One - Details of the Employer's Trusted Partner Registration: Complete all questions

Part Two - Details of Foreign National: Complete all questions

Please supply clear copies (preferably in colour) of the following:

- Passport pages showing photograph, personal details and expiry date
- Immigration stamps (if GNIB personal identification number not available).
- Visa (if GNIB personal identification number not available).

Original documents should not be submitted.

Part Three - Details of Employment: Complete all questions (unless otherwise specified)

Please supply clear copies (preferably in colour) of the following in respect of the primary permit holder or researcher:

- Passport pages showing photograph, personal details and expiry date.
- Immigration stamps (if GNIB personal identification number not available).
- Visa (if GNIB personal identification number not available).
- · Relevant letters from their current employers.

Please provide the following:

- . Copies of 3 recent payslips issued to the holder of the Employment Permit dated within the last 4 months.
- Copies of P60s issued to the holder of the Employment Permit for each year of employment covering the duration of the existing Employment Permit.
- Documentary evidence of payments in respect of Health Insurance, if applicable.

Please supply copies of the following in the case of health professionals, including registered doctors, registered nurses and security personnel who have not provided their Registration/PIN number at Part 3, Question 3:

 A copy of registration with the appropriate regulatory body or recognition of qualifications pursuant to Schedule 2 in the Principal Regulations.

Please supply the following in the case of the renewal of an employment in a restaurant or a fast food outlet:

an up-to-date tax clearance certificate in respect of the Employer.

Part Four - Details of Payment: Complete all questions

- Include the appropriate fee if required (the current fees applicable are available on the Department's website).
- Sign Payer declaration original signature required.
- If applicable, clear photocopies of the relevant pages of the EEA Spouse/Civil Partners' current passport showing is or her picture, personal details, passport expiry date and his or her signature, and a copy of the marriage certificate or the civil partnership registration evidencing the relationship of the Foreign National and the EEA national.

Part Five - Acceptance of Terms & Conditions

· Sign and date the appropriate declarations - original signatures required.

EMPLOYMENT PERMITS SECTION

Contact Details

E-mail: employmentpermits@djei.ie

Call Centre: 353-1-417 5333

LoCall: 1890 201 616 (from within Ireland only)

Fax: 353-1-631 3268 Address: Davitt House

Davitt House 65a Adelaide Road

Dublin 2

Ireland

Employment Permits Section Web pages

Information and application forms may be downloaded from the Employment Permits Section web pages on the Department of Jobs,

Enterprise and Innovation's website

PLEASE NOTE: The pages giving details on Requirement for Supporting Documentation and Application Form Checklist – parts A, B, C, D, E, F and G are for instruction purposes only. It is not necessary to include these pages when submitting the completed application form.

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Form K

Application form for renewal of General Employment Permit



TPRGEP001/15

Application by a Trusted Partner for a **General Employment Permit** RENEWAL Application

This form should be used where the Employer has been granted Trusted Partner status by the Departmen of Jobs, Enterprise and Innovation and has been issued with a Trusted Partner Registration Number and

- A renewal of an existing General Employment Permit for the same employer and employment.
- A renewal application for a General Employment Permit should be made within the period of 4 months ending on the date of expiry of the existing General Employment Permit.

This form should NOT be used where an Employer wishes to apply for

- a change in the type of Employment Permit held by the foreign national, a change in the type of employment currently specified on the existing Employment Permit, or
- an Employment Permit for a foreign national currently employed by a different employer on foot of an Employment Permit,

in these cases a new Employment Permit application is required and the New Employment Permit Application Form for the relevant permit type should be used.

Before completing this form, please read the relevant permit information which is available on our website. Complete ALL parts of this form as required in BLOCK CAPITALS. The Foreign National and the Agent (if applicable), must sign the declarations at the end of the form.

INCOMPLETE FORMS WILL BE RETURNED TO THE APPLICANT OR THE AUTHORISED AGENT (IF APPLICABLE).

Recent Passport Photograph

Please print Foreign National's name back of photograph and staple here.

Who is applying for the permit (i.e. Who is the applicant)?
The Employer must be the applicant for an employment permit under the Trusted Partner Initiative

Health Professional

If this is an application for a Health Professional listed in Part A or Part B of Schedule 2 in the Principal Regulations please tick this box

Part One	Tru	ıst	ed	Pa	rtı	ner	De	tai	ls	
1. Registered name of Company/ Business:										
Employer Registered Number: (obtained from the Revenue Commissioners)					Ĭ		Ĭ			
3.Trusted Partner Registration Number: (obtained from the Department of Jobs, Enterprise and Innovation)	9	5	0			Ī	I	I	I	
Number of EEA* and/or Swiss nationals (including Irish) currently employed by the Employer:			5. 1			on-EEA ry the E			rently	
Is all of the information provided by the Employer in their application for Trusted Partner Registration still valid and in-date?	Yes.					N	0,			
*The EEA comprises the Member States of the European I	Union t	ogethe	er with h	reland,	Norw	ay & Lie	chtenst	ein.		

TPRGEP001/15

Part Two		of Foreign National Employment Permit)
	(Troidor Or	
1. Passport Number:		
2. Expiry Date:	D D M M Y Y	
3. Nationality:	BLOCK CAPITALS	Enter these details exactly as they appear on the
4. First Name:	BLOCK CARITALS	Foreign National's passport.
5. Middle Name(s):	BLOCK CAPITALS	
6. Family Name:	BLOCK CAPITALS	
7. Date of Birth:	O O M M Y Y	8. Male: 9. Female:
10. Telephone No.:		11: Mobile Phone No.:
12. Current Address:		BLOCK CAPITALS
	BLOCK C	APITALS
	BLOCK C	APITALS
	BLOCK C	APITALS
13. Please provide the Foreign	gn National's PPS Number:	
14. Please provide the numb	er of the Employment Permit being renev	wed:
15. E-mail:		
16. Immigration Details (Plea	ise enter the details exactly as they appear o	on your current GNIB card*)
GNIB Pin No.		Dept. No.
*If the Foreign National is in th immigration stamps and visa.	e State but does not have a GNIB personal	identification number then please supply a copy of their current
If the proposed Foreign been working lawfully of	furing this time, s/he may be eligible to a igration Service. However, if the propose	ent permits for an uninterrupted period of 5 years and has oply for a Stamp 4 permission to remain from the Irish ed Foreign National is unable to obtain a Stamp 4, an
	ibmitting this application the proposed Fi at an employment permit is still required.	oreign National confirms that s/he has considered the available
You must now attach the d	locuments outlined in Requirement for St Employment Permit,	pporting Documentation under "(B) Foreign National (Holder of Requirements "

art Three		ails of Emplo	yment
Title of Job:		BLOCK CAPITALS	
		alth Professionals and Se dule 2 in the Principal Re	curity Personnel who are listengulations.
Regulatory Body:		BLOCK CAPITALS	
Registration/Pin/ Licence No.:			
the application is in respect of Re- lease provide your registration det			of Schedule 2 in the Principal Regulation
pplications for other Health Profes ith the appropriate medical body o			ons must provide a copy of their registrati with.
Place(s) at which the employmen	nt concerned is to be carried	d out:	DOK CAPITALS
		BLOCK CAPITALS	
Proposed Period of Employment Permit (maximum period of 3 years)*) ()	
renewal stage if a foreign national	has been in continuous emp	loyment with the same employer	imployment Permit may be applied for at for five years or more. Please note that a before the expiry date of the existing
Gross Annual Remuneration*	€	(Gross remunerati premium paymen	on excludes overtime or its)
Gross Annual Salary: if different from above)	€		
Gross Weekly Salary:	€	9. Hourly Rate of Pay:	€
Deductions from Gross Weekly Salary:	€	Please specify purpose of deductions:	BLOCK CAPITALS
Health Insurance":	ϵ	Please specify name of Health Insurance Provider:	BLOCK CAPITALS
	rifiable by way of supporting	nents on the payslips. If Health I documentation at renewal stage;	nsurance is being included in the Gross such documentation may also be require
ealth Insurance can only be considertakings referred to in section 14			f in the Register of Health Benefits
Number of hours of work per week*:			
lease note that for the purposes of	Employment Permit Applicati	ions, the standard working week	s 39 hours per week.
What are the main functions of	this job:	BLOCK	CAPITALE

Part Four		Req	uiren	nent 1	for Pa	yme	ent				
Is a fee payable for this Empl application?	loyment Permit	Yes					N	•			
If No, please indicate on wha	t basis no fee is appl	icable?						1	-00		
The Employer is the applican the Revenue Commissioners		status with		nat	n is in respectional marrie ership with a	d to or in	a civ	10			
Dependant/Partner/Spouse E	imployment Permit				ted General. Cultural Emp						
If no fee is payable proceed t	o Part Six.										
			Detai	s of	Paym	ent					
Important Note for Business In accordance with DiFinance of postal orders from business us based payments from business (EFT).	Circular 1/2013, from 1 ers in respect of service	Electronic Fu 9 September : ces rendered.	nds Transf 2014 (e-Da To facilitate	er /) the public this, the En	sector will no aployment Pe	longer a	tion w	Il no lo	nger	эссер/	t paper
Business user applicants for e-mail address to request par and Payers Declaration below Section as complete. An e-m the bank account into which the payment.	yment must be provi w and the relevant pa ail will issue to the app	ded at Questi syment will be blicant and the	on 8. They requested ir authorise	should also when an ap agent (if ap	o complete f pplication is oplicable) givi	Payment accepted ng details	Detail into of the	s (Que the Em amour	stion ploy	s 9 ar ment he fee	Permits due,
Applicants, other than business Contact Details		make payme	nt by chequ	e, bank draf	t or postal ord	er and m	ust co	mplete	all de	tails t	pelow.
Please indicate who is mail payment:	king the	E	mployer		Foreign Nati	onal		Of	ther		
2. Title:	Mr	Mrs	Miss	Ms		Other (pl	ease tate)				
3. Name			51.0	CK CAP	TALS						
4. Company (if applicable):			114.0	OK, DAP	ITALS						
5. Telephone Number:				6. Fax Nu	mber:						
7. Mobile Phone Number:											
8. E-mail:											
Payment Details		U									
9. Method of Payment:	Electronic Funds Transfer		Cheque		Bank Draft		Po	stal Or	der		
10. Cheque No.											
11. Payment enclosed / Amount of Payment Due:	•		2								
Payment must be in the form o Clearing System. Cheques sho							ution o	peratin	g witt	in the	irish
Payer's Declarat	ion										
I, the undersigned, agree that (Under the Employment Permit fee paid).											
Payer's Signature: (Original signature required)					Dat	e:	b	M O	M.	ye 1	Y.
Employment Permits Section is forwarded to the applicant for co the mandate form.											on

[172] 165

Part Five

Acceptance of Terms & Conditions

Title

Declaration of Foreign National

I, the undersigned, agree to undertake to continue in employment on the above basis and I understand that, while in employment in the State, I will be entitled to the full benefit of all the relevant Irish Employment Rights Legislation.

I hereby solemnly declare that:

Signature of Foreign

- I am a fully accredited member of the relevant professional body pursuant to Part C of Schedule 2 in the Principal Regulations for the position on offer, as stated in Part 3 of the application form (if applicable);
- if this application is for an employment in respect of a Carer in a private home and an employment permit is granted, I will
 have no objection to an Inspector from the National Employment Rights Authority (NERA) visiting the premises where
 employment is being carried out and to speak to me and the employer should the need arise; and
- I will be fully tax compliant;

and that to the best of my knowledge and belief:

 I will continue to be employed, salaried and paid under an employment contract governed by the laws of the State by the Employer, as stated in Part 1 of the application form;

Furthermore, I understand and accept that in accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 20, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

(Original signature required)				
Name (in BLOCK CAPITALS):	BLOCK CAPITALS	Date:	(D) D) M (M Y) Y	
Your employment permit will	Original of Employmen		s as in Part 2 of this Fo	rm.
Tick this box if you want your permit	to be posted to your current address.			
Tick this box if you want your permit	to be posted to the Employer as stated in P	art 1 of this Form.		
	to be posted to the Agent who was authoris art of the Trusted Partner Registration.	sed to deal with		

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Agent authorised by the Trusted Partner to deal with employment permit applications

To ensure privacy of data is respected, the foreign national must be in agreement with the nomination of an agent and must sign below. Agents will be copied any correspondence regarding this application. Agent Name (in BLOCK CAPITALS): Title: I understand that neither I, nor a person acting on my behalf, shall keep any personal document belonging to a holder of an Employment Permit. Signature of Agent: Date: (Original signature required) Agent's Address for Correspondence: Address 1: Address 2: County: Country: E-mail address: Telephone number: I, the Foreign National, permit the above named agent to act on my behalf in respect of this application. Signature of Foreign National: Date: (Original signature required) Certified Copy of Employment Permit The certified copy of the employment permit will normally be posted to the Employer at the registered company/business address provided as part of the Trusted Partner Registration Tick this box if you want the certified copy of the employment permit to be posted to this registered address. Tick this box if you want the certified copy of the employment permit to be posted to you the Agent who was authorised to deal with employment permit applications as part of the Trusted Partner Registration.

Requirements for Supporting Documentation

(A) Requirements for the Employer

Additional documentation

The Minister may at times request information that might materially assist in making a decision on an application.

(B) Requirements for Foreign National

For all Foreign Nationals

- Clear, legible copy (preferably in colour) of the personal details pages of the Foreign National's passport, showing his or her picture, personal details and his or her signature.
- In the case of health professionals listed in Part B of Schedule 2 in the Principal Regulations, a copy of the registration with the appropriate medical body or recognition of qualifications from the relevant Minister of the Government.
- Please supply your GNIB personal identification number which is shown on your GNIB card. If not available please supply a clear, legible copy (preferably in colour) of your current immigration stamps and visa.

Please Note: Original documents should not be submitted.

Important Note concerning the passport expiry date

In the case of all applications for employment permits, the Foreign National must hold a passport which is in date and valid for at least 3 months or more after the date of the application. Employment Permits cannot be considered for Foreign Nationals who do not fulfill this requirement.

(C) Application Requirements

Clarification on Remuneration Paid

All applications for renewal of an employment permit must include the following documentation:

- Copies of 3 recent payslips issued to the holder of the Employment Permit dated within the last 4 months.
- Copies of P60s issued to the holder of the Employment Permit for each year of employment covering the duration of the existing Employment Permit.
- . Documentary evidence of payments in respect of Health Insurance, if applicable.

For renewal of an employment in a restaurant or a fast food outlet

If the application is in respect of such employment the following additional documentation is required:

. An up-to-date tax clearance certificate in respect of the Employer.

(D) Schedule of Fees

An application for a new employment permit shall be accompanied by the fee prescribed in the Principal Regulations for the purposes of section 5(2) of the Employments Permits Act 2006 (as amended). The current fees applicable are available on the Department's website.

Refunds

90% of the fee will be refunded to the Applicant if the application is refused or withdrawn prior to the issuing of the permit.

No fees will be refunded if the Employment Permit holder ceases employment after the permit has been issued.

Employment Permits Section is unable to refund fees by payable order. If a refund of fees is due for any reason, a mandate form will be forwarded to the applicant for completion. The refund will be paid by EFT directly into the applicant's bank account, as per details provided on the mandate form.

Acceptable Forms of payment

In accordance with DiFinance Circular 1/2013, from 19 September 2014 (e-Day) the public sector will no longer accept cheques, bank drafts or postal orders from business users in respect of services rendered. To facilitate this, the Employment Permits Section now has a commercial bank account into which payments can be made by Electronic Funds Transfer (EFT). When an application is accepted as complete an email will issue to the applicant giving details of the amount of the fee due, the bank account into which the payment should be made and an Application ID number which <u>must</u> be used as the reference when making the payment.

For all other users, payment can continue to be made in the form of a Euro denominated cheque, bank draft or postal order, drawn on a financial institution operating within the Irish clearing system. Please note that all foreign drafts and cheques will be returned. Cheques should be made payable to: Department of Jobs, Enterprise & Innovation.

(E) Conditions of Issue of an Employment Permit

- A. Issue of an Employment Permit in respect of a foreign national does not in itself authorise such a person to enter or reside within the State. Admission to the State and authorised duration of stay is subject to the control of the Immigration Authorities.
- B. All Employment Permits are issued on the proviso that the named foreign national is paid, as a minimum, the remuneration specified on the Employment Permit. The only allowable deductions are those which appear on that Employment Permit. The remuneration being paid must be verifiable in the event of a National Employment Rights Authority (NERA) inspection. Failure to comply could lead to the revocation of the Employment Permit under section 16(1)(df) of the Employment Permits Act 2006, as amended.
- C. It is recommended that an application for a Renewal Employment Permit should be made at least 12 weeks before the expiry of the existing permit.
- Any application that contains omissions or is incorrectly completed will be returned to the applicant or the authorised agent (if applicable) for completion.
- A fee, as determined by the Minister for Jobs, Enterprise and Innovation is payable by the applicant or the authorised agent (if applicable) for each Employment Permit granted.
- F. In line with section 24 of the Employment Permits Act 2006, as amended, should the employment that is the subject of the Employment Permit cease, for whatever reason, the original and the certified copy of the Employment Permit must be returned to the Employment Permits Section within 4 weeks from the date of cessation. Failure to comply with this requirement is an offence.

Non-compliance with any provision of the Aliens Act 1935, the Immigration Acts, the Employment Permits Acts 2003 and 2006, as amended, or any Order made under these Acts is an offence punishable by Law.

(F) Declaration

Data Sharing and Data Protection

The Employment Permits Section may undertake verification of all data submitted on this application form. The Foreign National and the Authorised Agent (if applicable) are advised that in signing this application form they consent to allow the Employment Permits Section to share and request data as necessary, for the sole purpose of verifying the information submitted, between relevant Government Departments and Agencies.

The signatories to this application may find further information concerning data sharing and the obligations of Data Controllers on the Data Protection Commissioner's website at www.dataprotection.ie. Alternatively, they may call: (057) 868 4800 / Lo-Call Number: 1890 252231.

Please note that a percentage of all applications will be chosen at random for inspection by the National Employment Rights Authority (NERA), Relevant documents will have to be provided as part of this inspection. Under Section 16 (d) of the Employment Permits Act 2006, as amended, the Minister may revoke an employment permit if, in the opinion of the Minister, any information provided in respect of the application for it was false or misleading in a material respect.

In accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4 or 20, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

Furthermore, in accordance with Section 32 (1) of the Employment Permits Act 2006, as amended, a person guilty of an offence under section 18(2), 19(3), 23(4) or 25 is liable—

- (a) on summary conviction, to a fine not exceeding €5,000 or imprisonment for a term not exceeding 12 months or both, or
- (b) on conviction on indictment, to a fine not exceeding €50,000 or imprisonment for a term not exceeding 5 years or both.

Please note: With effect from 2003, the names of all employers who employ employment permit holders, as well as the number of permits issued to that employer, are made publicly available on the Department's website.

(G) Application Form Checklist

Please ensure that the application form is completed correctly. The following checklist should be used to ensure that all required information/documentation is provided. Incomplete application forms will be returned to the applicant or authorised agent (if applicable).

Attach 1 passport sized photograph, with Foreign National's name printed on the back.

Part One - Details of the Employer's Trusted Partner Registration: Complete all questions

Part Two - Details of Foreign National: Complete all questions

Please supply clear copies (preferably in colour) of the following:

- Passport pages showing photograph, personal details and expiry date.
- Immigration stamps (if GNIB personal identification number not available).
- Visa (if GNIB personal identification number not available).

Original documents should not be submitted.

Part Three - Details of Employment: Complete all questions (unless otherwise specified)

Please provide the following:

- . Copies of 3 recent payslips issued to the holder of the Employment Permit dated within the last 4 months.
- Copies of P60s issued to the holder of the Employment Permit for each year of employment covering the duration of the existing Employment Permit.
- Documentary evidence of payments in respect of Health Insurance, if applicable.

Please supply copies of the following in the case of health professionals, including registered doctors, registered nurses and security personnel who have not provided their Registration/PIN number at Part 3, Question 3:

 A copy of registration with the appropriate regulatory body or recognition of qualifications pursuant to Schedule 2 in the Principal Regulations.

Please supply the following in the case of the renewal of an employment in a restaurant or a fast food outlet:

. an up-to-date tax clearance certificate in respect of the Employer.

Part Four - Details of Payment: Complete all questions

- Include the appropriate fee if required (the current fees applicable are available on the Department's website).
- Sign Payer declaration original signature required.
- If applicable, clear photocopies of the relevant pages of the EEA Spouse/Civil Partners' current passport showing is or her picture, personal details, passport expiry date and his or her signature, and a copy of the marriage certificate or the civil partnership registration evidencing the relationship of the Foreign National and the EEA national.

Part Five - Acceptance of Terms & Conditions

Sign and date the appropriate declarations - original signatures required.

EMPLOYMENT PERMITS SECTION

Contact Details

E-mail: employmentpermits@djel.ie

Call Centre: 353-1-417 5333

LoCall: 1890 201 616 (from within Ireland only)

Fax: 353-1-631 3268

Address: Davit House

65a Adelaide Road Dublin 2

treland

Employment Permits Section Web pages

Information and application forms may be downloaded from the Employment Permits Section web pages on the Department of Jobs,

Enterprise and Innovation's website

PLEASE NOTE: The pages giving details on Requirement for Supporting Documentation and Application Form Checklist – parts A, B, C, D, E, F and G are for instruction purposes only. It is not necessary to include these pages when submitting the completed application form.

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Form L

Application form for renewal of Intra-Company Transfer Employment Permit



TPRICTEP001/15

Application by Trusted Partner for an Intra-Company Transfer Employment Permit RENEWAL Application

This form should be used where the Connected Person has been granted Trusted Partner status by the Department of Jobs, Enterprise and Innovation and has been issued with a Trusted Partner Registration Number and where they wish to apply for:

- A renewal of an existing Intra-Company Transfer Employment Permit to provide for the Foreign National, the holder of the existing Intra-Company Transfer Employment, to continue to:
 - carry out duties for the Connected Person in the State in the same employment in senior management or employments requiring specialist knowledge, qualifications or experience essential to the Connected Person's service, research equipment, techniques or management.
- A renewal application for an Intra-Company Transfer Employment Permit should be made within the period of 4 months ending on the date of expiry of the existing intra-Company Transfer Employment Permit.

Before completing this form, please read, and follow, the relevant permit information which is available on our website. Complete ALL parts of this form as required in BLOCK CAPITALS. The Foreign Employer, the Foreign national and the Agent (if applicable) must sign the declarations at the end of the form. Incomplete forms will be returned to the applicant or the authorised agent (if applicable),

Passport Photograph

X1

Please print Foreign National's name on the back of photograph and staple here.

Who is applying for the permit (i.e. Who is the applicant)?

In accordance with the Employment Permits Act 2006, as amended, the Connected Person (Irish Entity) must be the applicant in respect of all Intra-Company Transfer Employment Permit applications.

Part One		Tru	ıste	d Pa	rtne	r De	tail	S	
Registered name of Company/ Business:									
Employer Registered Number: (obtained from the Revenue Commissioners)		I							
3.Trusted Partner Registration Number: (obtained from the Department of Jobs, Enterprise and Innovation)	9	5	0				I		
Number of EEA* and/or Swiss nationals (including Irish) currently employed by the Connected Person	r.		30	5. Number				currently Person:	
6. Is all of the information provided by the Connected Person in their application for Trusted Partner Registration still valid and in-date?	Y	15.				No.			
*The EEA comprises the Member States of the European I	Jnion	togeth	or with I	celand, No	rway & L	./echter	stein.		
		Daga							ED001/16

Part One	A Details	of the Foreign Employer
1. Name of Foreign Empl	loyer:	BLOCK CAPITALS
2. Address of Foreign Er	mployer:	BLOCK CAPITALS
		BLOCK CAPITALS
		SLOCK CAPITALS
		BLOCK CAPITALS
Re	quirement for Supporting Documentati	on under "(A) Requirements for Connected Person"
Part Two		s of Foreign National of Employment Permit)
1. Passport Number:		
2. Expiry Date:	D D M M Y Y	
3. Nationality:	BLOCK CAPITALS	Enter these details exactly as they appear on the Foreign National's
4. First Name:	BLOCK CAPITALS	passport.
5. Middle Name(s):	BLOCK CAPITALS	
6. Family Name:	BLOCK CAPITALS	
7. Date of Birth:	O D M M Y Y	8. Maie: 9. Female:
10. Current Address (fore	eign address required if residing outside th	ne State):
Address 1:		BLOCK CAPITALS
Address 2:		BLOCK CAPITALS
Town:		BLOCK CAPITALS
County:		BLOCK CAPITALS
Country:		BLOCK CAPITALS
11. Telephone No.:		12: Mobile Phone No.:
13. Please provide the Fo	oreign National's PPS Number:	
14. Please provide the na renewed:	umber of the Employment Permit being	
15. E-mail address:		
16. Immigration Details (Please enter the details exactly as they a	opear on your current GNIB card*)
GNIB Pin No.		Dept. No.
immigration stamps and vi	isa.	rsonal identification number then please supply a copy of the current
You must now attach		nt for Supporting Documentation under "(B) Requirements for Foreign National."

Part Three	Details of Requirement Intra-Company	
that will continue to be	the reason for the renewal of the Intra-Company transfer. This s undertaken by the Foreign National and why a continuation of the ed and append it to the application form.	hould include a description of the functions
		,
	Page 3	TPRICTEP001/15

with Connected Person:	gn National			SLOCK C	ARITALS			
NOTE	: Questions 2 and	3 to	be comp	eted by Health	Profession	nals only.		
Regulatory Body:				BLOCK C	APITALS			
Registration/Pin:				10	1			
he application is in respect of	Registered Declare or I	bireae	Setad in Par	A of Schadula 2 in	the Principal S	Pamilatione place	a menusi	da unur
istration details above. Docur				A or acreome 2 m	ин глисфаг	regulations preas	e provi	ae your
plications for other Health Pro h the appropriate medical boo						ovide a copy of th	eir regi	stration
Duration of Transfer (definit and end dates up to a maxir ars)*:		11.	M Y	у.		D D M	M.	Y. Y
il renewal Employment Permi ployment Permit. It should be								
Place(s) at which the duties	-		maran karipina		CCAPITA		511304.0	,
s to be carried out:			DOK CA					
200000000000000000000000000000000000000		12.1.	DOX CA	PHALSE				
Calculation of Remuneration	n*;							
e amount reckonable for this p		Sura Si	Annual Salary (Foreign	Hourly Rate (Foreign Currency)	Annual Salary (in euro)	Hourly Rate (in euro)	Exc	hange e Used
(a) Current Basic Annual	Salary		Currency)	Currency)	€	€		
	bring Basic Annual S	ge			€	€	H	
up to or over the Irish or the rate of pay fixed	d under or pursuant to	any						
up to or over the Irish or the rate of pay fixed other enactment (if ap) (c) Deductions from either	d under or pursuant to plicable)	any			€		\vdash	
up to or over the Irish or the rate of pay fixed other enactment (if ap) (c) Deductions from eithe applicable) (d) Total Basic Annual Sa	d under or pursuant to plicable) er (a) or (b) above (if			_				
up to or over the Irish or the rate of pay fixed other enactment (if ap) (c) Deductions from eithe applicable)	d under or pursuant to plicable) er (a) or (b) above (if slary less deductions a	ıt (c)			€			
up to or over the Irish or the rate of pay fixed other enactment (if ap) (c) Deductions from eithe applicable) (d) Total Basic Annual Sa	d under or pursuant to plicable) er (a) or (b) above (if slary less deductions a Payments in respec (if applicable) Monetary Value of	it (c)		-	€ €			
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Part Five		Red	uirem	ent for	Paym	ent		
Is a fee payable for this Emp application?	oloyment Permit	Yes				No		
If No, please indicate on who	at basis no fee is	applicable?					- 20	
The Connected Person has Revenue Commissioners	charitable status	with the			n respect of a I married to o ip with an EE	r in a civil		
If no fee is payable proceed	to Part Six.							
			Details	of Pa	yment	ì		
Important Note for Business in accordance with D/Finance postal orders from business ur based payments from busines Transfer (EFT).	Circular 1/2013, sers in respect of	from 19 Septembe services rendered	r 2014 (e-Day) To facilitate t	the public sectors, the Employs	ment Permits :	Section will n	o longer a	ccept paper
Business user applicants fo an e-mail address to reques 11) and Payers Declaration if Permits Section as complete fee due, the bank account into making the payment.	t payment must below and the re e. An e-mail will i	be provided at Quality levant payment was ssue to the application	sestion 8. The vill be request int and their au	ry should also ed when an ap thorised agent	complete Pay plication is a (if applicable)	ment Detail coepted into giving details	the Empl of the am	ons 9 and loyment ount of the
Applicants, other than busines	s users can conti	nue to make paym	ent by cheque	bank draft or p	ostal order an	d must comp	lete all det	tails below.
Contact Details	of Payer							
Please indicate who is ma payment:	A CONTRACTOR OF THE PARTY OF TH	Connecte	ed Person			Other		
2. Title:	Mr	Mrs	Miss	Ms	Other	(please state)		
3. Name;			BLOC	X CAPITA	1.5			
A Common of annihable			101/00	V ALBITE				=
4. Company (if applicable):			91,01	K CAPITA	_			
5. Telephone Number:				6. Fax Number	-			
7. Mobile Phone Number:								
8. E-mail:								
Payment Details								
9. Method of Payment:	Electronic F	unds	Ch		k Draft		l Order	
s. Method of Payment.	Tra	nsfer	Cheque	Bani	K Draft	Posta	Order	
10. Cheque No.								
11. Payment enclosed / Amount of Payment Due:	€	70						
Payment must be in the form of Clearing System. Cheques sh							ating with	in the Irish
Payer's Declara	tion							
I, the undersigned, agree that (Under the Employment Perm fee paid).								
Payer's Signature: (Original signature required)					Date:	D D M	М	· V
Employment Permits Section of forwarded to the applicant for the mandate form.								
		P	age 5				TPRIC	TEP001/15

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Part Six **Acceptance of Terms & Conditions**

Declaration of Foreign National

I, the undersigned, agree to continue to carry out duties with the Connected Person on the basis of this application. I hereby solemnly declare that:

- I am a fully accredited member of the relevant professional body pursuant to Part C of Schedule 2 in the Principal Regulations for the position on offer, as stated in Part 4 of the application form (if applicable);
 I will continue to be employed, salaried and paid under an employment contract outside the State by the Foreign Employer stated on this application form; and
- . I will be fully tax compliant in the State.

Furthermore, I understand and accept who furnishes to the Minister, on an a that it is so false or misleading or being	application under section 20, infor	mation that is false or misleading	ng in a material respect knowing
Signature of Foreign National: (Original signature required)		Title:	
Name (in BLOCK CAPITALS):	BLOCK CAPITALS	Date:	O M M Y Y
Your employment permit will r	Original of Emplo		s in Part 2 of this Form.
Tick this box if you want your permit	to be posted to your current addre	ess.	
Tick this box if you want your permit	to be posted to the Connected Pe	rson as stated in Part 1 of this F	orm.
Tick this box if you want your permit permit applications as part of the Trus		s authorised to deal with emplo	yment

Page 6

Declaration of Foreign Employer

I, the Foreign Employer, give an undertaking that the Foreign National will be fully tax compliant for the duration of the Foreign National's stay in the State. I confirm that the Foreign National will be returning to my overseas place of employment after the completion of the duties with the Connected Person.

I hereby solemnly declare that:

- the Foreign National is a fully accredited member of the relevant professional body pursuant to Part C of Schedule 2 in the Principal Regulations for the position on offer, as stated in Part 4 of the application form (if applicable);
- where the foreign salary currently paid by me does not meet the Irish National Minimum Wage hourly rate of pay or an hourly rate of pay fixed under or pursuant to any other enactment that applies to the employment concerned, I undertake to pay an additional payment to achieve at least the National Minimum Wage hourly rate or the hourly rate fixed under or pursuant to any other enactment and that this amount will appear on the Foreign National's payslip for the duration of their assignment in the State;
- the Foreign National named in this application form will continue to be employed, salaried and paid under an employment contract outside the State by me, the Foreign Employer as stated in Part 1 of this application form; and
- in cases where I am assuming responsibility for the provision of board and accommodation (or either of them) and health insurance in respect of the Foreign National that:

 appropriate board and accommodation (or either of them) will be provided for the Foreign National while he or she is
 - in the State to carry out duties for, or participate in a training programme provided by the Connected Person,
 - appropriate Health Insurance will be provided in respect of the Foreign National should he or she require medical treatment for illness or injury during the period for which he or she will be in the State pursuant to the employment permit; and
- where a person outside the State provides insurance for medical treatment in respect of the Foreign National, the health insurance has the same, or similar, effect as the health insurance provided by a health insurer entered in the Register of Health Benefits Undertakings referred to in section 14 of the Health Insurance Act 1994.

I understand and accept that:

- in accordance with Section 23 of the Employment Permits Act 2006, as amended, I may not make any deductions from the remuneration of, or seek to recover from, the holder of the employment permit concerned any charge, fee or expense arising out of or concerning one or more of the following:
 - the application for the employment permit or any matter relating to or concerning such an application or the grant of the permit; or
 - any amount previously paid to the holder in respect of travelling expenses incurred by the holder in connection with taking up the employment in the State in accordance with Section 25 of the Employment Permits Act 2006, as
- a person who furnishes to the Minister, on an application under section 20, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an
- neither I, nor a person acting on my behalf, shall keep any personal document belonging to a holder of an employment permit.

Signature of Foreign Employer: (Original signature required)		
Name (in BLOCK CAPITALS):	BLOCK CAPITALS	Title:
Position Held:	BLOCK CAPITALS	Date: D D M M Y Y
	Page 7	TPRICTEP001/15

	Date: 0 0 14 14 7 7
gent's Address for Correspondence:	
Address 1:	BLOCK CAPITALS
Address 2:	BLOCK CAPITALS
Town:	BLOCK CAPITALS
County:	BLOCK CAPITALS
Country:	BLOCK CAPITALS
E-mail address:	
Telephone number:	
	ent to act on my behalf in respect of this application.
ignature of Foreign National: Original signature required)	Date: 0 0 M M Y Y
the Foreign Employer, permit the above named ag	gent to act on my behalf in respect of this application.
ignature of Foreign Employer: Original signature required)	Date:
Original signature required)	
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Requirements for Supporting Documentation

(A) Requirements for Connected Person

Additional documentation

The Minister may at times request information that might materially assist in making a decision on an application.

(B) Requirements for Foreign National

For all Foreign Nationals

- Clear, legible copy (preferably in colour) of the personal details pages of the Foreign National's passport, showing his or her picture, personal details and his or her signature.
- In the case of health professionals listed in Part B of Schedule 2 in the Principal Regulations, a copy of the registration with the appropriate medical body or recognition of qualifications from the relevant Minister of the Government.
- Please supply your GNIB personal identification number which is shown on your GNIB card. If not available please supply a clear, legible copy (preferably in colour) of your current immigration stamps and visa.

Please Note: Original documents should not be submitted.

Important Note concerning the passport expiry date

In the case of all applications for employment permits, the Foreign National must hold a passport which is in date and valid for at least 3 months or more after the date of the application. Employment Permits cannot be considered for Foreign Nationals who do not fulfil this requirement.

(C) Application Requirements

Clarification on Remuneration Paid

All applications for renewal of an employment permit must include the following documentation:

- Copies of 3 recent payslips issued to the holder of the Employment Permit dated within the last 4 months which must comply with the requirements of the Employment Permits Act 2006, as amended.
- Copies of P60s issued to the holder of the Employment Permit for each year of employment covering the duration of the existing Employment Permit. If P60s are not available then copies of P21s are required.
- . Documentary evidence of payments in respect of Board and Accommodation and Health Insurance, if applicable.

For renewal of an employment as an executive chef, head chef, sous chef or specialist chef specialising in a non-EEA cuisine in an establishment other than a fast food outlet

If the application is in respect of such employment the following additional documentation is required:

· An up-to-date tax clearance certificate in respect of the Employer

(D) Schedule of Fees

An application for a new employment permit shall be accompanied by the fee prescribed in the Principal Regulations for the purposes of section 5(2) of the Employments Permits Act 2006 (as amended). The current fees applicable are available on the Department's website.

Refunds

90% of the fee will be refunded to the Applicant if the application is refused or withdrawn prior to the issuing of the permit.

No fees will be refunded if the Employment Permit holder ceases employment after the permit has been issued.

Employment Permits Section is unable to refund fees by payable order. If a refund of fees is due for any reason, a mandate form will be forwarded to the applicant for completion. The refund will be paid by EFT directly into the applicant's bank account, as per details provided on the mandate form.

Acceptable Forms of payment

In accordance with D/Finance Circular 1/2013, from 19 September 2014 (e-Day) the public sector will no longer accept cheques, bank drafts or postal orders from business users in respect of services rendered. To facilitate this, the Employment Permits Section now has a commercial bank account into which payments can be made by Electronic Funds Transfer (EFT). When an application is accepted as complete an email will issue to the applicant giving details of the amount of the fee due, the bank account into which the payment should be made and an Application ID number which must be used as the reference when making the payment.

For all other users, payment can continue to be made in the form of a Euro denominated cheque, bank draft or postal order, drawn on a financial institution operating within the Irish clearing system. Please note that all foreign drafts and cheques will be returned. Cheques should be made payable to: Department of Jobs, Enterprise & Innovation.

(E) Conditions of Issue of an Employment

- Issue of an Employment Permit in respect of a foreign national does not in itself authorise such a person to enter or reside within the
- State. Admission to the State and authorised duration of stay is subject to the control of the Immigration Authorities.

 All Employment Permits are issued on the proviso that the named foreign national is paid, as a minimum, the remuneration specified on the Employment Permit. The only allowable deductions are those which appear on that Employment Permit. The remuneration being paid must be verifiable in the event of a National Employment Rights Authority (NERA) inspection. Failure to comply could lead to the revocation of the Employment Permit under section 16(1)(df) of the Employment Permits Act 2006, as amended.
- The Foreign National remains an employee of the Foreign Employer for the duration of the transfer
- The Foreign National only performs the duties in respect of which the Employment Permit is issued. It is recommended that an application for a renewal Employment Permit should be made at least 12 weeks before the expiry of the existing Employment Permit.
- Any application that contains omissions or is incorrectly completed will be returned to the applicant or the authorised agent (if applicable) for completion.
- G. A fee, as determined by the Minister for Jobs, Enterprise and Innovation is payable by the applicant or the authorised agent (if
- applicable) for each Employment Permit granted.

 In line with section 24 of the Employment Permits Act 2006, as amended, should the employment that is the subject of the Employment Permit cease, for whatever reason, the original and the certified copy of the Employment Permit must be returned to the Employment Permits Section within 4 weeks from the date of cessation. Failure to comply with this requirement is an offence.

Non-compliance with the provisions of the Aliens Act 1935, the Immigration Acts, the Employment Permits Acts 2003 and 2006, as amended, and Orders made under these Acts is an offence punishable by Law.

(F) Declaration

Data Sharing and Data Protection

The Employment Permits Section may undertake verification of all data submitted on this application form. The Foreign Employer, the Foreign National and the authorised Agent (if applicable) are advised that in signing this application form they consent to allow the Employment Permits Section to share and request data as necessary, for the sole purpose of verifying the information submitted, between relevant Government

The signatories to this application may find further information concerning data sharing and the obligations of Data Controllers on the Data Protection Commissioner's website at www.dataprotection.ie. Alternatively, they may call: (057) 868 4800 / Lo-Call Number: 1890 252231.

Please note that a percentage of all applications will be chosen at random for inspection by the National Employment Rights Authority (NERA). Relevant documents will have to be provided as part of this inspection. Under Section 16 (d) of the Employment Permits Act 2006, as amended, the Minister may revoke an employment permit if, in the opinion of the Minister, any information provided in respect of the application for it was false or misleading in a material respect.

In accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4 or 20, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

Furthermore, in accordance with Section 32 (1) of the Employment Permits Act 2005, as amended, a person guilty of an offence under section 18(2), 19(3), 23(4) or 25 is liable

- on summary conviction, to a fine not exceeding €5,000 or imprisonment for a term not exceeding 12 months or both, or
- (b) on conviction on indictment, to a fine not exceeding €50,000 or imprisonment for a term not exceeding 5 years or both.

Please note: With effect from 2003, the names of all employers who employ employment permit holders, as well as the number of permits issued to that employer, are made publicly available on the Department's website.

(G) Application Form Checklist

Please ensure that the application form is completed correctly. The following checklist should be used to ensure that all required information/documentation is provided. Incomplete application forms will be returned to the applicant or authorised agent (if applicable).

Attach 1 passport sized photograph, with Foreign National's name printed on the back.

Part One - Details of the Connected Person's Trusted Partner Registration: Complete all questions

Part Two - Details of Foreign National: Complete all questions

Please supply clear copies (preferably in colour) of the following:

- Passport pages showing photograph, personal details and expiry date. Immigration stamps (if GNIB personal identification number not available).
- Visa (if GNIB personal identification number not available).

Original documents should not be submitted.

Part Three - Details of Intra-Company Transfer: Complete all questions.

Please complete in relation to the reason for the renewal of the Intra-Company Transfer.

Part Four – Details of Employment: Complete all questions (unless otherwise specified)

Please supply copies of the following in the case of health professionals, including registered doctors and registered nurses who have not provided their Registration/PIN number at Part 4, Questions 2 and 3:

A copy of registration with the appropriate regulatory body or recognition of qualifications pursuant to Schedule 2 in the Principal Regulations

Please supply the following in the case of a renewal of an employment in a restaurant or a fast food outlet:

an up-to-date tax clearance certificate in respect of the Person who has made the offer of employment.

Please supply copies of the following:

- Copies of 3 recent payslips issued to the holder of the Employment Permit dated within the last 4 months which must comply with the requirements of the Employment Permits Act 2006, as amended
- Copies of P60s issued to the holder of the Employment Permit for each year of employment covering the duration of the existing Employment Permit. If P60s are not available then copies of P21s are required.
- Documentary evidence of payments in respect of Board and Accommodation and Health Insurance, if applicable.

Part Five - Details of Payment: Complete all guestions

- Include the appropriate fee if required (see (D) Schedule of Fees for further information.
- Sign Payer declaration original signature required.
- If applicable, clear photocopies of the relevant pages of the EEA Spouse/Civil Partners' current passport showing his or her picture, personal details, passport expiry date and his or her signature, and a copy of the marriage certificate or the civil partnership registration evidencing the relationship of the Foreign National and the EEA national.

Part Six - Acceptance of Terms & Conditions

Sign and date the appropriate declarations - original signatures required.

EMPLOYMENT PERMITS SECTION

Contact Details

E-mail: employmentpermits@djei.ie

Call Centre: 353-1-417 5333

> LoCall: 1890 201 616 (from within Ireland only)

Fax: 353-1-631 3268

Address: Davitt House 65a Adelaide Road

Dublin 2 Ireland

Employment Permits Section Web pages

Information and application forms may be downloaded from the Employment Permits Section web pages on the Department of Jobs, Enterprise and Innovation's website

PLEASE NOTE: The pages giving details on Requirement for Supporting Documentation and Application Form Checklist - parts A, B, C, D, E, F and G are for instruction purposes only. It is not necessary to include these pages when submitting the completed application form.

Form M

Application form for renewal of Contract for Services Employment Permit



TPRCFSEP001/15

Application by Trusted Partner for a Contract for Services Employment Permit RENEWAL Application

This form should be used where an EEA Contractor has been granted Trusted Partner status by the Department of Jobs, Enterprise and Innovation and has been issued with a Trusted Partner Registration Number and where they wish to apply for:

- A renewal of an existing Contract for Services Employment Permit to provide for the continued employment in the State of a Foreign National, the holder of the existing Contract for Services Employment Permit, to:
 - perform duties in the State for an Irish entity (Relevant Person) as part of the contract service agreement.
- A renewal application for a Contract for Services Employment Permit should be made within the period of 4 months ending on the date of expiry of the existing Contract for Services Employment Permit.

Before completing this form, please read the relevant permit information which is available on our website. Complete ALL parts of this form as required in BLOCK CAPITALS. The Relevant Person, the Foreign National and the Agent (if applicable), must sign the declarations at the end of the form. INCOMPLETE FORMS WILL BE RETURNED TO THE CONTRACTOR OR THE AUTHORISED AGENT (IF APPLICABLE). Passport Photograph

X1

Please print the Foreign National's name on the back of photograph and staple here.

Who is applying for the permit (i.e. Who is the applicant)?

In accordance with the Employment Permits Act 2006, as amended, the Contractor (foreign employer) must be the applicant in respect of all Contract for Services Employment Permit applications.

Part One		Tru	ıste	d F	arı	ne	r D	eta	ils			
1. Registered name of Companyl Business:												
2. Employer Registered Number: (obtained from the Revenue Commissioners)												
Trusted Partner Registration Number: obtained from the Department of Jobs, Enterprise and innovation)	9	5	0									
Number of EEA* and/or Swiss nationals (including currently employed by the Contractor:	Irish)			5. Nur en		of non				urrentl	y	
Is all of the information provided by the Contractor their application for Trusted Partner Registration still valid and in-date?	Ye	9.					No					
The EEA comprises the Member States of the European	/ being	tonethi	ar with	lealant	. The second			.000	10			

	A Deta	ils of Relevant Person							
me of Relevant Pers	son (Irish Entity):	BLOCK CAPITALS							
	tion at which the employment	BLOCK CAPITALS BLOCK CAPITALS							
oncerned, in respect be carried out)	of the Contract for Services, is								
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	or Swiss nationals (including yed by the Relevant Person:	Number of non EEA nationals currently employed by the Relevant Person:							
		gether with Iceland, Norway & Liechtenstein. cumentation "(A) Requirements for Contractor."							
art Two	Deta	ils of Foreign National							
	(Holde	r of Employment Permit)							
1. Passport Number:									
2. Expiry Date:	D D M M Y V								
3. Nationality:	BLOCK CAPITALS	Enter these details exactly as they appear on the Foreign National's							
4. First Name:	BLOCK CAPITALE	passport.							
5. Middle Name(s):	BLOCK CAPITALS								
T T									
6. Family Name:	BLOCK CAPITALE								
	D D M M Y Y	8. Male: 9. Female:							
7. Date of Birth:									
7. Date of Birth:	D D M M Y Y								
7. Date of Birth: Current Address (fore	D D M M Y Y	the State):							
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Please outline, in detail, the requirement for the continuation of services to be provided as part of the Contract Service Agreement. This should include a description of the functions that will continue to be undertaken by the Foreign National in the State.

Part Four			De	etails	of Em	oloym	ent	
Title of Job:					stock c	APITALS		
NOTE: 0	Questions	2 and	d 3 to	be comple	eted by Health	Profession	nals only.	
Regulatory Body:					BLOCK C	APITALS		
Registration/Pin/Licence No.:	Ī							
he application is in respect of Re					A of Schedule 2 in	the Principal F	Regulations please	e provide your
istration details above. Documer plications for other Health Profes				district of the second	the Principal Requi	lations must on	ovide a conv of th	eir registration
h the appropriate medical body o	or recognition	n of the					oride a copy of its	on regionation
Place(s) at which the employm is to be carried out:	ent concern	ned			BLOCK	CAPITA	LS	
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Proposed Period of Employme Permit (maximum period of 3 y								
Proposed Start Date*:		T ₀	м	v v	Ţ.			
		Signature 1						
e recommend all Employment F ployment. It should be noted the								
Calculation of Remuneration*:								
actment, the additional payment this purpose must be an amount				Annual Salary (Foreign				Exchange Rate Used
(a) Current Basic Annual Sa	larv			Currency)	Carrency	€	€	100000000000000000000000000000000000000
(b) Additional Payment to br up to or over the Irish Na or the rate fixed under or enactment (if applicable)	ring Basic A itional Minir r pursuant t	num W o any o	age			e	E	
(c) Deductions from either (a applicable)	a) or (b) abo	ove (if				€		
(d) Total Basic Annual Salar (if applicable)	y less dedu	ctions	at (c)			€		
Board and	Payments in (if applicable		ect of			€		
	Monetary V applicable)	alue of	(if			€		
Payments in respect of Healt (if applicable)	h Insurance					€		
Total Remuneration						€	€	
amounts which make up the bas netary value of Board and Acco st be verifiable by way of suppor ge. Number of hours of work per w ease note that for the purposes	mmodation rting docume week*:	or eithe intation	er of the in the e	m) or Health event of a Nat	Insurance is being ional Employment	included in the Rights Authorit	Gross Annual Re ly (NERA) inspect	emuneration th
What are the main functions of	f this job:				91.	OCK CAP	TACS	
			81	OCK CA	PITALS			

Part Five		Re	equiren	nent f	or Paym	ent	/125	600	
Is a fee payable for this Emploapplication?	oyment Permit		Yes			No			
If No, please indicate on what	basis no fee is	applicable?					02	100	
				na	on is in respect or tional married to tership with an E	or in a civil			
If no fee is payable proceed to	o Part Six.							-	
			Detai	ls of P	ayment	t			
Important Note for Business In accordance with DiFinance of postal orders from business us based payments from business (EFT).	Circular 1/2013, fro ers in respect of se	om 19 Septem ervices render	ber 2014 (e-Day ed. To facilitate	the public se this, the Empl	cyment Permits S	ection will no	longer a	ccept p	aper
Business user applicants for e-mail address to request pay and Payers Declaration below Section as complete. An e-m the bank account into which the payment.	yment must be po v and the relevan all will issue to the	rovided at Qualit payment will applicant and	estion 8. They ill be requested their authorises	should also o when an app agent (if appl	complete Paymer lication is accept icable) giving deta	nt Details (Q ted into the I als of the am	uestions Employn ount of th	9 and nent Pe se fee di	11) ermits ue,
Applicants, other than business	AND RESIDENCE OF THE PERSON NAMED IN	ue to make pa	yment by cheque	, bank draft o	r postal order and	must comple	te all det	tails bel	ow.
Contact Details of	of Payer								
Please indicate who is make payment:	sing the		Contractor			Oth	or		
2. Title:	Mr	Mrs	Miss	Ms	Oth	er (please state)			
3. Name:			BLO	CK CAP	TALE				
4. Company (if applicable):			TLC C	CK CAP	CTALS				
5. Telephone Number:				6. Fax Nur	nber;				
7. Mobile Phone Number:									
8. E-mail:			***						
Payment Details									
9. Method of Payment:	Electronic Fr	unds nsfer	Cheque		Bank Draft	Pos	ital Orde	r _	
10. Cheque No.									
11. Payment enclosed / Amount of Payment Due:	¢								
Payment must be in the form of Clearing System. Cheques sho						titution opera	ting with	in the In	ish
Payer's Declarat	ion								
I, the undersigned, agree that (Under the Employment Permit fee paid).									
Payer's Signature: (Original signature required)					Date:	D D:	st st	Y	×
Employment Permits Section is to the applicant for completion form.									

Part Six

Acceptance of Terms & Conditions

Declaration of Foreign National

I, the undersigned, agree to continue to perform the duties with the Relevant Person on the basis of this application. I hereby solemnly declare that:

- I am a fully accredited member of the relevant professional body pursuant to Part C of Schedule 2 in the Principal Regulations for the position on offer, as stated in Part 4 of the application form (if applicable);
 I will continue to be employed, salaried and paid under an employment contract outside the State by the Contractor stated on

this application form; and I will be fully tax compliant	n the State.		
who furnishes to the Minister, on an	t that in accordance with Section 25 of the application under section 20, information to ng reckless as to whether it is so false or r	hat is false or misleading in a materia	
Signature of Foreign National: (Original signature required)		Title:	
Name (in BLOCK CAPITALS):	BLOCK CAPITALS	Date: D D M U	× ×
Your employment permit will	Original of Employme		of this Form.
Tick this box if you want your permit	to be posted to your current address.		
Tick this box if you want your permit	to be posted to the Contractor as stated in	Part 1 of this Form.	
Tick this box if you want your permit permit applications as part of the Tru	to be posted to the Agent who was authoristed Partner Registration.	ised to deal with employment	
Declaration of Releva	nt Person		
contract service agreement between	firm that the Foreign National will continue the Contractor and me and I understand th e Contractor after the completion of the do	at the Foreign National will be return	ing to his/her
I understand and accept that:			
	25 of the Employment Permits Act 2006, or 20, information that is false or mislead		

misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

Original signature required)				_			
Name (in BLOCK CAPITALS):	BLOCK CAPITALS	Title:					
Position Held:	BLOCK CAPITALE	Date:	p 0	14	м	Υ	7

Agent authorised by the Trusted Partner to deal employment permit		
applications		
To ensure privacy of data is respected, the	he foreign national and the relevant person must be copied any correspondence regarding this app	
Agent Name (in BLOCK CAPITALS):	BLOCK CAPITALS	Title:
I understand that neither I, nor a person a Employment Permit.	acting on my behalf, shall keep any personal doc	ument belonging to a holder of an
Signature of Agent: (Original signature required)	- 1	Date: 0 0 M M Y Y
Agent's Address for Correspondence:		
Address 1:	BLOCK CAPIT	TALS
Address 2:	BLOCK CAPIT	TALS
Town:	BLOCK CAPIT	FALU
County:	BLOCK CAPIT	TALS
Country:	BLOCK CAPIT	TALE
E-mail address:		
Telephone number:		
	-	
	named agent to act on my behalf in respect of thi	is application.
Signature of Foreign National: (Original signature required)		Date: D D H H Y Y
I, the Relevant Person, assent to the above	ve named agent acting on behalf of the Contracto	or in respect of this application.
Signature of Relevant Person: (Original signature required)		Date: D D M M Y Y
The certified copy of the emplo	tified Copy of Employment F oyment permit will normally be posted t y/business address provided as part of Partner Registration	to the Contractor at the registered
Tick this box if you want the certified cop	by of the employment permit to be posted to this	registered address.
	oy of the employment permit to be posted to you nit applications as part of the Trusted Partner Reg	

Requirements for Supporting Documentation

(A) Requirements for Contractor

Additional documentation

The Minister may at times request information that might materially assist in making a decision on an application.

(B) Requirements for Foreign National

For all Foreign Nationals

- Clear, legible copy (preferably in colour) of the personal details pages of the Foreign National's passport, showing his or her picture, personal details and his or her signature.
- In the case of health professionals listed in Part B of Schedule 2 in the Principal Regulations, a copy of the registration with the appropriate medical body or recognition of qualifications from the relevant Minister of the Government
- Please supply your GNIB personal identification number which is shown on your GNIB card. If not available please supply a clear, legible copy (preferably in colour) of your current immigration stamps and visa.

Please Note: Original documents should not be submitted.

Important Note concerning the passport expiry date

In the case of all applications for employment permits, the Foreign National must hold a passport which is in date and valid for at least 3 months or more after the date of the application. Employment Permits cannot be considered for Foreign Nationals who do not fulfil this requirement.

(C) Application Requirements

Clarification on Remuneration Paid

All applications for renewal of an employment permit must include the following documentation:

- Copies of 3 recent payslips issued to the holder of the Employment Permit dated within the last 4 months which must comply with the requirements of the Employment Permits Act 2006, as amended.
- Copies of P60s issued to the holder of the Employment Permit for each year of employment covering the duration of the existing Employment Permit. If P60s are not available then copies of P21s are required.
- Documentary evidence of payments in respect of Board and Accommodation and Health Insurance, if applicable.

(D) Schedule of Fees

An application for a new employment permit shall be accompanied by the fee prescribed in the Principal Regulations for the purposes of section 5(2) of the Employments Permits Act 2006 (as amended). The current fees applicable are available on the Department's website.

90% of the fee will be refunded to the Applicant if the application is refused or withdrawn prior to the issuing of the permit.

No fees will be refunded if the Employment Permit holder ceases employment after the permit has been issued.

Employment Permits Section is unable to refund fees by payable order. If a refund of fees is due for any reason, a mandate form will be forwarded to the applicant for completion. The refund will be paid by EFT directly into the applicant's bank account, as per details provided on the mandate form.

Acceptable Forms of payment

In accordance with D/Finance Circular 1/2013, from 19 September 2014 (e-Day) the public sector will no longer accept cheques, bank drafts or postal orders from business users in respect of services rendered. To facilitate this, the Employment Permits Section now has a commercial bank account into which payments can be made by Electronic Funds Transfer (EFT). When an application is accepted as complete an email will issue to the applicant giving details of the amount of the fee due, the bank account into which the payment should be made and an Application ID number which must be used as the reference when making the payment.

For all other users, payment can continue to be made in the form of a Euro denominated cheque, bank draft or postal order, drawn on a financial institution operating within the Irish clearing system. Please note that all foreign drafts and cheques will be returned. Cheques should be made payable to: Department of Jobs, Enterprise & Innovation.

- A. Issue of an Employment Permit in respect of a foreign national does not in itself authorise such a person to enter or reside within the
- State. Admission to the State and authorised duration of stay is subject to the control of the Immigration Authorities.

 B. All Employment Permits are issued on the proviso that the named foreign national is paid, as a minimum, the remuneration specified on the Employment Permit. The only allowable deductions are those which appear on that Employment Permit. The remuneration being paid must be verifiable in the event of a National Employment Rights Authority (NERA) inspection. Failure to comply could lead to the revocation of the Employment Permit under section 16(1)(df) of the Employment Permits Act 2006, as amended.
- The Foreign National remains an employee of the Foreign Employer for the period of his/her employment in the State.

 The Foreign National only performs the duties that arise out of the contract service agreement and in respect of which the Employment D. ermit is issued.
- E. It is recommended that an application for an Employment Permit should be made at least 12 weeks before the expiry of the existing employment permit.
- F. Any application that contains omissions or is incorrectly completed will be returned to the applicant or the authorised agent (if applicable) for completion.
- G. A fee, as determined by the Minister for Jobs, Enterprise and Innovation is payable by the applicant or the authorised agent (if applicable) for each Employment Permit granted
- In line with section 24 of the Employment Permits Act 2006, as amended, should the employment that is the subject of the Employment Permit cease, for whatever reason, the original and the certified copy of the Employment Permit must be returned to the Employment Permits Section within 4 weeks from the date of cessation. Failure to comply with this requirement is an offence.

Non-compliance with any provision of the Aliens Act 1935, the Immigration Acts, the Employment Permits Acts 2003 and 2006, as amended, or any Order made under these Acts is an offence punishable by Law.

Data Sharing and Data Protection

The Employment Permits Section may undertake verification of all data submitted on this application form. The Relevant Person, the Foreign National and the authorised Agent (if applicable) are advised that in signing this application form they consent to allow the Employment Permits Section to share and request data as necessary, for the sole purpose of verifying the information submitted, between relevant Government

The signatories to this application may find further information concerning data sharing and the obligations of Data Controllers on the Data Protection Commissioner's website at www.dataprotection.ie. Alternatively, they may call: (057) 868 4800 / Lo-Call Number: 1890 252231

Please note that a percentage of all applications will be chosen at random for inspection by the National Employment Rights Authority (NERA). Relevant documents will have to be provided as part of this inspection. Under Section 16 (d) of the Employment Permits Act 2005, as amended, the Minister may revoke an employment permit if, in the opinion of the Minister, any information provided in respect of the application for it was false or misleading in a material respect

In accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4 or 20, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

Furthermore, in accordance with Section 32 (1) of the Employment Permits Act 2006, as amended, a person guilty of an offence under section 18(2), 19(3), 23(4) or 25 is liable-

- (a) on summary conviction, to a fine not exceeding €5,000 or imprisonment for a term not exceeding 12 months or both, or
- (b) on conviction on indictment, to a fine not exceeding €50,000 or imprisonment for a term not exceeding 5 years or both.

Please note: With effect from 2003, the names of all employers who employ employment permit holders, as well as the number of permits issued to that employer, are made publicly available on the Department's website.

(G) Application Form Checklist

Please ensure that the application form is completed correctly. The following checklist should be used to ensure that all required information/documentation is provided. Incomplete application forms will be returned to the applicant or authorised agent (if applicable).

Attach 1 passport sized photograph, with Foreign National's name printed on the back

Part One - Details of the Contractor's Trusted Partner Registration: Complete all questions

Part Two - Details of Foreign National: Complete all guestions

Please supply clear copies (preferably in colour) of the following:

- Passport pages showing photograph, personal details and expiry date
- Immigration stamps (if GNIB personal identification number not available).
- Visa (if GNIB personal identification number not available).

Original documents should not be submitted.

Part Three - Details of requirement for continuation of service.

Please complete in relation to the requirement for renewal of Contract for Services Employment Permit.

Part Four - Details of Employment: Complete all questions (unless otherwise specified)

Please supply copies of the following in the case of health professionals, including registered doctors and registered nurses who have not provided their Registration/PIN number at Part 5, Questions 3 and 4:

. A copy of registration with the appropriate regulatory body or recognition of qualifications pursuant to Schedule 2 in the Principal Regulations

Please supply copies of the following:

- . Copies of 3 recent payslips issued to the holder of the Employment Permit dated within the last 4 months which must comply
- with the requirements of the Employment Permits Act 2006, as amended.

 Copies of P60s issued to the holder of the Employment Permit for each year of employment covering the duration of the existing Employment Permit. If P60s are not available then copies of P21s are required.
- Documentary evidence of payments in respect of Board and Accommodation and Health Insurance, if applicable.

Part Five - Details of Payment: Complete all questions

- Include the appropriate fee if required (see (D) Schedule of Fees for further information.
- Sign Payer declaration original signature required.
- If applicable, clear photocopies of the relevant pages of the EEA Spouse/Civil Partners' current passport showing his or her picture, personal details, passport expiry date and his or her signature, and a copy of the marriage certificate or the civil partnership registration evidencing the relationship of the Foreign National and the EEA national.

Part Six - Acceptance of Terms & Conditions

Sign and date the appropriate declarations - original signatures required.

EMPLOYMENT PERMITS SECTION

Contact Details

E-mail: employmentpermits@djei.ie

Call Centre: 353-1-417 5333

> LoCall: 1890 201 616 (from within Ireland only)

Fax: 353-1-631 3268 Address:

Davitt House 65a Adelaide Road

Employment Permits Section Web pages

Information and application forms may be downloaded from the Employment Pennits Section web pages on the Department of Jobs.

Enterprise and Innovation's website.

PLEASE NOTE: The pages giving details on Requirement for Supporting Documentation and Application Form Checklist – parts A, B, C, D, E, F and G are for instruction purposes only. It is not necessary to include these pages when submitting the completed application form.

TPRCFSEP001/15

Form N

Application form for renewal of Reactivation Employment Permit



TPRREP001/15

Application by a Trusted Partner for a Reactivation Employment Permit RENEWAL Application

This form should be used where the Employer has been granted Trusted Partner status by the Departmer of Jobs, Enterprise and Innovation and has been issued with a Trusted Partner Registration Number and

- A renewal of an existing Reactivation Employment Permit for the same employer and employment.
- A renewal application for a Reactivation Employment Permit should be made within the period of 4 months ending on the date of expiry of the existing Reactivation Employment Permit.

This form should NOT be used where an Employer wishes to apply for

- a change in the type of Employment Permit held by the foreign national, a change in the type of employment currently specified on the existing Employment Permit, or
- an Employment Permit for a foreign national currently employed by a different employer on foot of an Employment Permit,

in these cases a new Employment Permit application is required and the New Employment Permit Application Form for the relevant permit type should be used.

Before completing this form, please read the relevant permit information which is available on our website. Complete ALL parts of this form as required in BLOCK CAPITALS. The Foreign National and the Agent (if applicable), must sign the declarations at the end of the form.

INCOMPLETE FORMS WILL BE RETURNED TO THE APPLICANT OR THE AUTHORISED AGENT (IF APPLICABLE).

Recent Passport Photograph

Please print Foreign National's name back of photograph and staple here.

Who is applying t	or the permit (i.e.)	Who is the applicant,)?
nlover must be the applica	ant for an employment nei	rmit under the Trusted Partn	or Initiativ

The Em

Health Professional

If this is an application for a Health Professional listed in Part A or Part B of Schedule 2 in the Principal Regulations please tick this box

Part One	Tru	ıst	ed	Pa	rtn	er	Det	tail	s	
1. Registered name of Company/ Business:										
Employer Registered Number: (obtained from the Revenue Commissioners)				I	Ì		Ī	ny ==		
3.Trusted Partner Registration Number: (obtained from the Department of Jobs, Enterprise and Innovation)	9	5	0	I	I	I	I			
Number of EEA* and/or Swiss nationals (including Irish) currently employed by the Employer:			5. 1			n-EEA r			ently	
Is all of the information provided by the Employer in their application for Trusted Partner Registration still valid and in-date?	Yes.					No.				
*The EEA comprises the Member States of the European	Union t	ogethe	er with lo	eland, l	Norway	y & Liect	fenstei	7.		

TPRREP001/15

Part Two		of Foreign National Employment Permit)
1. Passport Number:	24	
2. Expiry Date:	D D M M V V	
3. Nationality:	BLOCK CAPITALS	Enter these details exactly as they appear on the
4. First Name:	BLOCK CAPITALS	Foreign National's passport.
5. Middle Name(s):	BLOCK CAPITALS	
6. Family Name:	BLOCK CAPITALS	
7. Date of Birth:	D D M M Y V	8. Male: 9. Female:
0. Telephone No.:		11: Mobile Phone No.:
2. Current Address:		BLOCK CAPITALS
	вьоск с	APITALS
	College College	APITALS
Please provide the Foreign		APITALS
	er of the Employment Permit being renev	wed:
5. E-mail:		
6. Immigration Details (Pleas	se enter the details exactly as they appear	on your current GNIB card*)
GNIB Pin		Dept. No.
	State but does not have a GNIB personal	identification number then please supply a copy of their current
If the proposed Foreign been working lawfully do	uring this time, s/he may be eligible to a gration Service. However, if the propose	pent permits for an uninterrupted period of 5 years and has pply for a Stamp 4 permission to remain from the irish ed Foreign National is unable to obtain a Stamp 4, an
If this is the case, by sut		oreign National confirms that s/he has considered the available
You must now attach the d	focuments outlined in Requirement for S Employment Permi	Supporting Documentation under "(B) Foreign National (Holder

Part Three		Details of	Empl	oyment
1. Title of Job:		BLOCK CAPI	TALS	
NOTE: Questions 2 ar		led by Health Profession B of Schedule 2 in the P		curity Personnel who are listed gulations.
t. Regulatory Body:		BLOCK CAP	TTAES:	
Registration/Pin/ Licence No.:				
		Nurses or Security Personnel III mentary evidence will not be req		of Schedule 2 in the Principal Regulation
		Part B of Schedule 2 in the Princi heir qualifications from the Depa		ns must provide a copy of their registratio
. Place(s) at which the emp	loyment concerned is	to be carried out;	51.0	OCK CAPITALS:
		SLOCK CAPI	TALS	
Proposed Period of Emplo Permit (maximum period years)*	pyment of 3	5		
enewal stage if a foreign nation	onal has been in continu	ous employment with the same e	employer for fi	aployment Permit may be applied for at the ve years or more. Please note that all sefore the expiry date of the existing
. Gross Annual Remunerati	ion* €			on excludes overtime or ts)
	ion*		s remuneration nium paymen	
. Gross Annual Salary: (if different from above)		prem	ium paymen	
. Gross Annual Salary: (if different from above) . Gross Weekly Salary:	€	9. Hou	rly Rate of specify second	ts)
C. Gross Annual Salary: (If different from above) Gross Weekly Salary: O. Deductions from Gross Nalary:	€ E	9. Hou Pa Please purpor deduc	rly Rate of y: specify se of tions: specify of Health nice	(€
Gross Annual Salary: (if different from above) Gross Weekly Salary: 0. Deductions from Gross V Salary: 1. Health Insurance*: All amounts which make up the demuneration this must be ve-	€ Neekly € the basic salary must ap riflable by way of support	Please purpor deductors as payments on the paysilpting documentation at renewal's	rly Rate of (: specify se of tions: specify of Health nece ner: s. If Health in	BLOCK CAPITALS
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Gross Annual Salary: (if different from above) Gross Weekly Salary: 0. Deductions from Gross Nalary: 1. Health Insurance*: All amounts which make up the amounts which make up the muneration this must be verified a National Employment Rigit Health Insurance can only be indertakings referred to in second	€ Neekly € the basic salary must apriliable by way of supports Authority (NERA) insection 14 of the Health Institution 14 of the	Please purpoideduce Please name Insura Providence as payments on the payslip thing documentation at renewal supporting documentation at renewal supporting the health insurance is a payments of the health insurance is a p	rly Rate of y: specify se of tions: specify of Health ince er: s. If Health in lage; such do	BLOCK CAPITALS SLOCK CAPITALS Surance is being included in the Gross Accumentation may also be required in the Gross Accumentation may also be accumentation may als
Gross Annual Salary: (if different from above) Gross Weekly Salary: 0. Deductions from Gross of Salary: 1. Health Insurance*: All amounts which make up to the salary in this must be very a National Employment Rigit Health Insurance can only be indertakings referred to in section of the salary of the salary in the salary	€ Neekly € the basic salary must appoints Authority (NERA) insection 14 of the Health Insection 14	Please purpoideduce Please name Insura Providence as payments on the payslip thing documentation at renewal supporting documentation at renewal supporting the health insurance is a payments of the health insurance is a p	rly Rate of y: specify se of dions: specify of Health ince er: s. If Health intage; such doorerson entered	BLOCK CAPITALS BLOCK CAPITALS SLOCK CAPITALS Survance is being included in the Gross Accumentation may also be required in the commentation may also be requi
O. Deductions from Gross Nalary: 1. Health Insurance*: All amounts which make up to Remuneration this must be verifia National Employment Rigit Health Insurance can only be Indertakings referred to in section 1.	€ Neekly € the basic salary must aprillable by way of supports Authority (NERA) insection 14 of the Health Insection 14 of the Health Insection 15 per	Please purpor deductors as payments on the paysilpriting documentation at renewal spection. der of the health insurance is a paymence Act, 1994.	rly Rate of (*) specify se of tions: specify of Health ince er: s. If Health in tage; such do erson entered	BLOCK CAPITALS BLOCK CAPITALS SLOCK CAPITALS Survance is being included in the Gross Accumentation may also be required in the commentation may also be requi

Part Four		Red	quireme	nt for F	Payme	nt				
Is a fee payable for this Emplo application?	yment Permit	3	Yes			No	,			
If No, please indicate on what i	basis no fee is a	pplicable?					100			
The Employer is the applicant Revenue Commissioners	and has charita	ble status with t		Application is EA national market partnership w	arried to or in	a civi	8			
Dependant/Partner/Spouse Em	ployment Perm	it		limited Gener ports and Cult Pe						
If no fee is payable proceed to	Part Six.					-				
Important Note for Business U In accordance with DiFinance Ci postal orders from business user based payments from business u (EFT). Business user applicants for e -mail address to request payr and Payers Declaration below Section as complete. An e-mai bank account into which the payr payment. Applicants, other than business a Contact Details o 1. Please indicate who is makin payment:	roular 1/2013, fro s in respect of se isers and has sel imployment per ment must be pr and the relevan I will issue to the ment should be in users can continu	m 19 September rivices rendered. t up a commercial mits should com ovided at Questi t payment will be applicant and the lade and an Appl	2014 (e-Day) the pt To facilitate this, the bank account into a splete the Contact I ion 8. They should be requested when a pir authorised agent ication ID number w	bblic sector will e Employment which payment betails of Payer also complet an application (if applicable) g hich must be u	no longer acc Permits Section can be made or (Questions e Payment D is accepted i giving details o used as the ref order and mus eign National	1, 2, 3 stails (nto the arerence ot comp	i, 4, 5, Ques e Emp mount o where	ger a ic Fu 6, 7, tions oloye t of the	and 8 s 9 and nent P ne fee o	paper ansfer) – an i 11) ermits due, the
-T						tate)				_
3. Name			BLOCK	CAPITAL						
4. Company (if applicable):			BLOCK	CAPITAL	8.					
5. Telephone Number:			6	Fax Number:						
7. Mobile Phone Number:										
8. E-mail:					-4					
Payment Details										
9. Method of Payment:	Electronic Tr	Funds ansfer	Cheque	Ban	k Draft		1,0	Posta Orde	200	
10. Cheque No.										
11. Payment enclosed / Amount of Payment Due:	€									
Payment must be in the form of a Clearing System. Cheques shou						on ope	rating	with	in the i	rish
Payer's Declaration	on									
I, the undersigned, agree that i (Under the Employment Permits fee paid).										
Payer's Signature: (Original signature required)					Date:	D.	60	М	V	6
Employment Permits Section is a to the applicant for completion. T form.										

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Part Five

Acceptance of Terms & Conditions

Declaration of Foreign National

I, the undersigned, agree to undertake to continue in employment on the above basis and I understand that, while in employment in the State, I will be entitled to the full benefit of all the relevant Irish Employment Rights Legislation.

I hereby solemnly declare that:

Signature of Foreign National:

(Original signature required)

- I am a fully accredited member of the relevant professional body pursuant to Part C of Schedule 2 in the Principal Regulations for the position on offer, as stated in Part 3 of the application form (if applicable);
- if this application is for an employment in respect of a Carer in a private home and an employment permit is granted, I will have
 no objection to an Inspector from the National Employment Rights Authority (NERA) visiting the premises where employment
 is being carried out and to speak to me and the employer should the need arise; and
- · I will be fully tax compliant;

and that to the best of my knowledge and belief:

 I will continue to be employed, salaried and paid under an employment contract governed by the laws of the State by the Employer, as stated in Part 1 of the application form;

Furthermore, I understand and accept that in accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 20, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

Name (in BLOCK CAPITALS):	BLOCK CAPITALS	Date: D D M M Y Y
Your employment permit will n	Original of Employment ormally be posted to you at your cu	Permit rrent address as in Part 2 of this Form.
Tick this box if you want your permit to	be posted to your current address.	
Tick this box if you want your permit to	o be posted to the Employer as stated in Part	1 of this Form.
Tick this box if you want your permit to employment permit applications as pa	o be posted to the Agent who was authorised rt of the Trusted Partner Registration.	I to deal with

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Title:

Agent authorised by the Trusted Partner to deal with employment permit applications

To ensure privacy of data is respected, the foreign national must be in agreement with the nomination of an agent and must sign below. Agents will be copied any correspondence regarding this application.

understand that neither I, nor a person acting on my behalf, shall keep any personal document belonging to a holde Employment Permit. Signature of Agent: Original signature required) Agent's Address for Correspondence: Address 1: Address 2: BLOCK CAPITALS Town: BLOCK CAPITALS County: BLOCK CAPITALS E-mail address: Telephone number: I, the Foreign National, permit the above named agent to act on my behalf in respect of this application. Signature of Foreign National: Original signature required) Date: Certified Copy of Employment Permit The certified copy of the employment permit will normally be posted to the Employer at the company/business address provided as part of the Trusted Partner Registration		BLOCK CAPITALS	Title:
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Requirements for Supporting Documentation

(A) Requirements for the Employer

Additional documentation

The Minister may at times request information that might materially assist in making a decision on an application.

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For all Foreign Nationals

- Clear, legible copy (preferably in colour) of the personal details pages of the Foreign National's passport, showing his or her picture, personal details and his or her signature.
- In the case of health professionals listed in Part B of Schedule 2 in the Principal Regulations, a copy of the registration with the appropriate medical body or recognition of qualifications from the relevant Minister of the Government.
- Please supply your GNIB personal identification number which is shown on your GNIB card. If not available please supply a clear, legible copy (preferably in colour) of your current immigration stamps and visa.

Please Note: Original documents should not be submitted.

Important Note concerning the passport expiry date

In the case of all applications for employment permits, the Foreign National must hold a passport which is in date and valid for at least 3 months or more after the date of the application. Employment Permits cannot be considered for Foreign Nationals who do not fulfill this requirement.

(C) Application Requirements

Clarification on Remuneration Paid

All applications for renewal of an employment permit must include the following documentation:

- Copies of 3 recent payslips issued to the holder of the Employment Permit dated within the last 4 months.
- Copies of P60s issued to the holder of the Employment Permit for each year of employment covering the duration of the existing Employment Permit.
- . Documentary evidence of payments in respect of Health Insurance, if applicable.

For renewal of an employment in a restaurant or a fast food outlet

If the application is in respect of such employment the following additional documentation is required:

. An up-to-date tax clearance certificate in respect of the Employer.

(D) Schedule of Fees

An application for a new employment permit shall be accompanied by the fee prescribed in the Principal Regulations for the purposes of section 5(2) of the Employments Permits Act 2006 (as amended). The current fees applicable are available on the Department's website.

Refunds

90% of the fee will be refunded to the Applicant if the application is refused or withdrawn prior to the issuing of the permit.

No fees will be refunded if the Employment Permit holder ceases employment after the permit has been issued.

Employment Permits Section is unable to refund fees by payable order. If a refund of fees is due for any reason, a mandate form will be forwarded to the applicant for completion. The refund will be paid by EFT directly into the applicant's bank account, as per details provided on the mandate form.

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For all other users, payment can continue to be made in the form of a Euro denominated cheque, bank draft or postal order, drawn on a financial institution operating within the Irish clearing system. Please note that all foreign drafts and cheques will be returned. Cheques should be made payable to: Department of Jobs, Enterprise & Innovation.

(E) Conditions of Issue of an Employment Permit

- A. Issue of an Employment Permit in respect of a foreign national does not in itself authorise such a person to enter or reside within the State. Admission to the State and authorised duration of stay is subject to the control of the Immigration Authorities.
- B. All Employment Permits are issued on the proviso that the named foreign national is paid, as a minimum, the remuneration specified on the Employment Permit. The only allowable deductions are those which appear on that Employment Permit. The remuneration being paid must be verifiable in the event of a National Employment Rights Authority (NERA) inspection. Failure to comply could lead to the revocation of the Employment Permit under section 16(1)(df) of the Employment Permits Act 2006, as amended.
- C. It is recommended that an application for a Renewal Employment Permit should be made at least 12 weeks before the expiry of the existing permit.
- Any application that contains omissions or is incorrectly completed will be returned to the applicant or the authorised agent (if applicable) for completion.
- E. A fee, as determined by the Minister for Jobs, Enterprise and Innovation is payable by the applicant or the authorised agent (if applicable) for each Employment Permit granted.
- F. In line with section 24 of the Employment Permits Act 2006, as amended, should the employment that is the subject of the Employment Permit cease, for whatever reason, the original and the certified copy of the Employment Permit must be returned to the Employment Permits Section within 4 weeks from the date of cessation. Failure to comply with this requirement is an offence.

Non-compliance with any provision of the Aliens Act 1935, the Immigration Acts, the Employment Permits Acts 2003 and 2006, as amended, or any Order made under these Acts is an offence punishable by Law.

(F) Declaration

Data Sharing and Data Protection

The Employment Permits Section may undertake verification of all data submitted on this application form. The Foreign National and the Authorised Agent (if applicable) are advised that in signing this application form they consent to allow the Employment Permits Section to share and request data as necessary, for the sole purpose of verifying the information submitted, between relevant Government Departments and Agencies.

The signatories to this application may find further information concerning data sharing and the obligations of Data Controllers on the Data Protection Commissioner's website at www.dataprotection.ie. Alternatively, they may call: (057) 868 4800 / Lo-Call Number: 1890 252231.

Please note that a percentage of all applications will be chosen at random for inspection by the National Employment Rights Authority (NERA), Relevant documents will have to be provided as part of this inspection. Under Section 16 (d) of the Employment Permits Act 2006, as amended, the Minister may revoke an employment permit if, in the opinion of the Minister, any information provided in respect of the application for it was false or misleading in a material respect.

In accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4 or 20, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

Furthermore, in accordance with Section 32 (1) of the Employment Permits Act 2006, as amended, a person guilty of an offence under section 18(2), 19(3), 23(4) or 25 is liable—

- (a) on summary conviction, to a fine not exceeding €5,000 or imprisonment for a term not exceeding 12 months or both, or
- (b) on conviction on indictment, to a fine not exceeding €50,000 or imprisonment for a term not exceeding 5 years or both.

Please note: With effect from 2003, the names of all employers who employ employment permit holders, as well as the number of permits issued to that employer, are made publicly available on the Department's website.

(G) Application Form Checklist

Please ensure that the application form is completed correctly. The following checklist should be used to ensure that all required information/documentation is provided. Incomplete application forms will be returned to the applicant or authorised agent (if applicable).

Attach 1 passport sized photograph, with Foreign National's name printed on the back.

Part One - Details of the Employer's Trusted Partner Registration: Complete all questions

Part Two - Details of Foreign National: Complete all questions

Please supply clear copies (preferably in colour) of the following:

- Passport pages showing photograph, personal details and expiry date.
- Immigration stamps (if GNIB personal identification number not available).
- Visa (if GNIB personal identification number not available).

Original documents should not be submitted.

Part Three - Details of Employment: Complete all questions (unless otherwise specified)

Please provide the following:

- Copies of 3 recent payslips issued to the holder of the Employment Permit dated within the last 4 months.
- Copies of P60s issued to the holder of the Employment Permit for each year of employment covering the duration of the existing Employment Permit.
- Documentary evidence of payments in respect of Health Insurance, if applicable.

Please supply copies of the following in the case of health professionals, including registered doctors, registered nurses and security personnel who have not provided their Registration/PIN number at Part 3, Question 3:

 A copy of registration with the appropriate regulatory body or recognition of qualifications pursuant to Schedule 2 in the Principal Regulations.

Please supply the following in the case of the renewal of an employment in a restaurant or a fast food outlet:

. an up-to-date tax clearance certificate in respect of the Employer.

Part Four - Details of Payment: Complete all questions

- Include the appropriate fee if required (the current fees applicable are available on the Department's website).
- Sign Payer declaration original signature required.
- If applicable, clear photocopies of the relevant pages of the EEA Spouse/Civil Partners' current passport showing is or her picture, personal details, passport expiry date and his or her signature, and a copy of the marriage certificate or the civil partnership registration evidencing the relationship of the Foreign National and the EEA national.

Part Five - Acceptance of Terms & Conditions

Sign and date the appropriate declarations - original signatures required.

EMPLOYMENT PERMITS SECTION

Contact Details

E-mail: employmentpermits@djel.ie

Call Centre: 353-1-417 5333

LoCall: 1890 201 616 (from within Ireland only)

Fax: 353-1-631 3268 Address: Davitt House

65a Adelaide Road Dublin 2

Dublin 2 treland **Employment Permits Section Web pages**

Information and application forms may be downloaded from the Employment Permits Section web pages on the Department of Jobs,

Enterprise and Innovation's website

PLEASE NOTE: The pages giving details on Requirement for Supporting Documentation and Application Form Checklist – parts A, B, C, D, E, F and G are for instruction purposes only. It is not necessary to include these pages when submitting the completed application form.

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Form O

Application form for renewal of Sport and Cultural Employment Permit



An Roinn Post, Fiontar agus Nuálaíochta Department of Jobs, Enterprise and Innovation

TPRSCEP001/15

Application by a Trusted Partner for a **Sport and Cultural Employment Permit RENEWAL Application**

This form should be used where the Employer has been granted Trusted Partner status by the Department of Jobs, Enterprise and Innovation and has been issued with a Trusted Partner Registration Number and where they wish to apply for:

- A renewal of an existing Sport and Cultural Employment Permit for the same employer and employment.
- A renewal application for a Sport and Cultural Employment Permit should be made within the period of 4 months ending on the date of expiry of the existing Sport and Cultural Employment Permit.

This form should NOT be used where an Employer wishes to apply for

- a change in the type of Employment Permit held by the foreign national
- a change in the type of employment currently specified on the existing Employment Permit, or
- an Employment Permit for a foreign national currently employed by a different employer on foot of an Employment Permit;

in these cases a new Employment Permit application is required and the New Employment Permit Application Form for the relevant permit type should be used.

Before completing this form, please read the relevant permit information which is available on our website. Complete ALL parts of this form as required in BLOCK CAPITALS. The Foreign National and the Agent (if applicable), must sign the declarations at the end of the form.

INCOMPLETE FORMS WILL BE RETURNED TO THE APPLICANT OR THE AUTHORISED AGENT (IF APPLICABLE).

Recent Passport Photograph

Please print Foreign National's name back of photograph and staple here.

Who is applying for the permit (i.e. Who is the applicant)?

The Employer must be the applicant for an employment permit under the Trusted Partner Initiative.

Health Professional

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Part One		Trι	ıst	ed I	Par	tne	r D	eta	ails	S	
. Registered name of Company/ Business:											
Employer Registered Number: (obtained from the Revenue Commissioners)									S		
D.Trusted Partner Registration Number: obtained from the Department of Jobs, Enterprise and onnovation)	9	5	0		Ĭ						
Number of EEA* and/or Swiss nationals (including currently employed by the Employer:	Irish)					f non-E d by the			currer	itly	
Is all of the information provided by the Employer in their application for Trusted Partner Registration still valid and in-date?		Yes.					No.				
The EEA comprises the Member States of the Europea	n Union	togethe	er with	celand, f	Vorway	& Liecht	enstein				
Requirement for Supporti	ng Docs	imenti	stion u	nder "(A)	Requi	rements	for the	Empk	oyer"		

Page 1	TPRSCEP001/1

Part Two		of Foreign National Employment Permit)
1. Passport Number:		
2. Expiry Date:	O O M M Y Y	
3. Nationality:	BLOCK CAPITALS	Enter these details exactly as they appear on the
4. First Name:	BLOCK CAPITALS	Foreign National's passport.
5. Middle Name(s):	SLOCK CAPITALS	
6. Family Name:	BLOCK CAPITALS	
7. Date of Birth:	0 0 M M V V	8. Male: 9. Fernale:
10. Telephone No.:		11: Mobile Phone No.:
12. Current Address:		BLOCK CAPITALS
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13. Please provide the Fore	eign National's PPS Number:	AFSIALS
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15. E-mail:	Let of the Employment Fermit being rene	
	ease enter the details exactly as they appear	on war current GNIB card*i
GNIB Pin		Dept. No.
	the State but does not have a GNIB personal	identification number then please supply a copy of their current
been working lawfully Naturalisation and Im employment permit wi If this is the case, by s	in National has held consecutive employn during this time, s/he may be eligible to a migration Service. However, if the propos ill be required.	pent permits for an uninterrupted period of 5 years and has pply for a Stamp 4 permission to remain from the Irish ed Foreign National is unable to obtain a Stamp 4, an oreign National confirms that s/he has considered the available
You must now attach the	documents outlined in Requirement for S Employment Permit	upporting Documentation under "(B) Foreign National (Holder of) Requirements: "

art Three	Details	of Emplo	yment
itle of Job:	BLOG	K CAPITALS	
	be completed by Health Pr A and Part B of Schedule :		ecurity Personnel who are li egulations.
egulatory Body:	BL C	OK CAPITALS	
tegistration/Pin/ Licence No.:			
	istered Doctors, Nurses or Security ils above. Documentary evidence w		of Schedule 2 in the Principal Regul
	ionals listed in Part B of Schedule 2 recognition of their qualifications fro		ons must provide a copy of their regis
lace(s) at which the employment	concerned is to be carried out:	91.	OCK CAPITALS
	BLOG	K CAPITALS	
Proposed Period of Employment Permit (maximum period of 3 years)*			
renewal stage if a foreign national	has been in continuous employmen	t with the same employer	mployment Permit may be applied for for five years or more. Please note t before the expiry date of the existing
iross Annual Remuneration*	€	(Gross remunerat	ion excludes overtime or nts)
ross Annual Salary: f different from above)	€		
	€	Hourly Rate of Pay:	€
iross Weekly Salary:			
Deductions from Gross Weekly	€	Please specify purpose of deductions:	SLOCK CAPITALS
Gross Weekly Salary: Deductions from Gross Weekly Salary: Health Insurance*:	€	purpose of	SLOCK CAPITALS
Deductions from Gross Weekly Salary: Health Insurance*: I amounts which make up the basic unal Remuneration this must be ver	€ salary must appear as payments o	purpose of deductions: Please specify name of Health Insurance Provider: In the payslips. If Health Insuration at renewal stage;	BLOCK CAPITALS
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Part Four		R€	equirem	ent for	Paymen	nt	
Is a fee payable for this Emp application?	loyment Permit	,	Yes			No	
If No, please indicate on wha	t basis no fee is	applicable?				- F	
The Employer is the applicar the Revenue Commissioners		able status wi	ith		espect of a non-tearried to or in a co with an EEA nation	civil	
Dependant/Partner/Spouse E	Imployment Pern	nit	Sp	Unlimited Gen orts and Cultural	eral, Reactivation Employment Per		
If no fee is payable proceed	to Part Six.						
			Detail	s of Pay	ment		
Important Note for Business In accordance with DiFinance postal orders from business us based payments from business (EFT). Business user applicants for e-mail address to request pa and Payers Declaration belo Section as complete. An e-m the bank account into which the	Circular 1/2013, frivers in respect of sis users and has seen employment per remployment be powered and the relevantial will issue to the	om 19 Septem lervices render et up a comme rmits should o provided at Quant payment wi e applicant and	ber 2014 (e-Day) red. To facilitate to ricial bank account complete the Co- lestion 8. They self their authorised of their authorised	the public sector via. the Employme it into which payme intact Details of Pishould also compwhen an application agent (if applicable agent (if applicable in the public also composed in the public al	nt Permits Section ents can be made ayer (Questions 1 lete Payment Det on is accepted in e) giving details of	will no longe by Electronic I 1, 2, 3, 4, 5, 6, tails (Questio to the Emplo the amount of	r accept pag Funds Trans 7, and 8) – ns 9 and 1' yment Perr I the fee due
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Please indicate who is ma payment:			Employer	Foreign	National	Other	
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4. Company (if applicable):			81.00	K CAPITAL			
5. Telephone Number:				6. Fax Number:			
7. Mobile Phone Number:							
8. E-mail:							
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11. Payment enclosed / Amount of Payment Due:	€						
Payment must be in the form of Clearing System. Cheques sho						n operating w	thin the Irisi
Payer's Declarat	tion						
I, the undersigned, agree tha (Under the Employment Permi fee paid).							
Payer's Signature: (Original signature required)					Date:	D 14 14	Y Y
Employment Permits Section is to the applicant for completion.							

Part Five

Acceptance of Terms & Conditions

Declaration of Foreign National

I, the undersigned, agree to undertake to continue in employment on the above basis and I understand that, while in employment in the State, I will be entitled to the full benefit of all the relevant Irish Employment Rights Legislation.

I hereby solemnly declare that:

- I am a fully accredited member of the relevant professional body pursuant to Part C of Schedule 2 in the Principal Regulations for the position on offer, as stated in Part 3 of the application form (if applicable);
- if this application is for an employment in respect of a Carer in a private home and an employment permit is granted, I will have no objection to an Inspector from the National Employment Rights Authority (NERA) visiting the premises where employment is being carried out and to speak to me and the employer should the need arise; and
- I will be fully tax compliant;

and that to the best of my knowledge and belief:

I will continue to be employed, salaried and paid under an employment contract governed by the laws of the State by the Employer, as stated in Part 1 of the application form;

	application under section 20, information t ling or being reckless as to whether it is so			
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me (in BLOCK CAPITALS):	BLOCK CAPITALS	Date:	(D) D)	d M Y X
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	to be posted to your current address.			
k this box if you want your permit	to be posted to the Employer as stated in F	Part 1 of this Form	1.	
	to be posted to the Agent who was authori art of the Trusted Partner Registration.	ised to deal with		

[172] 205 Agent authorised by the Trusted Partner to deal with employment permit applications To ensure privacy of data is respected, the foreign national must be in agreement with the nomination of an agent and must sign below. Agents will be copied any correspondence regarding this application. Agent Name (in BLOCK CAPITALS): Title: I understand that neither I, nor a person acting on my behalf, shall keep any personal document belonging to a holder of an **Employment Permit.** Signature of Agent: Date: (Original signature required) Agent's Address for Correspondence: Address 1: Address 2: Town: County: Country: E-mail address: Telephone number: I, the Foreign National, permit the above named agent to act on my behalf in respect of this application. Signature of Foreign National: Date: (Original signature required) Certified Copy of Employment Permit The certified copy of the employment permit will normally be posted to the Employer at the registered company/business address provided as part of the Trusted Partner Registration Tick this box if you want the certified copy of the employment permit to be posted to this registered address. Tick this box if you want the certified copy of the employment permit to be posted to you the Agent who was authorised to deal with employment permit applications as part of the Trusted Partner Registration.

Page 6 TPRSCEP001/15

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Acceptable Forms of payment

In accordance with D/Finance Circular 1/2013, from 19 September 2014 (e-Day) the public sector will no longer accept cheques, bank drafts or postal orders from business users in respect of services rendered. To facilitate this, the Employment Permits Section now has a commercial bank account into which payments can be made by Electronic Funds Transfer (EFT). When an application is accepted as complete an email will issue to the applicant giving details of the amount of the fee due, the bank account into which the payment should be made and an Application ID number which must be used as the reference when making the payment.

For all other users, payment can continue to be made in the form of a Euro denominated cheque, bank draft or postal order, drawn on a financial institution operating within the Irish clearing system. Please note that all foreign drafts and cheques will be returned. Cheques should be made payable to: Department of Jobs, Enterprise & Innovation.

(E) Conditions of Issue of an Employment

- Issue of an Employment Permit in respect of a foreign national does not in itself authorise such a person to enter or reside within the A State. Admission to the State and authorised duration of stay is subject to the control of the Immigration Authorities.
- All Employment Permits are issued on the proviso that the named foreign national is paid, as a minimum, the remuneration specified on the Employment Permit. The only allowable deductions are those which appear on that Employment Permit. The remuneration being paid must be veriflable in the event of a National Employment Rights Authority (NERA) inspection. Failure to comply could lead to the revocation of the Employment Permit under section 16(1)(df) of the Employment Permits Act 2006, as amended.
- C. It is recommended that an application for a Renewal Employment Permit should be made at least 12 weeks before the expiry of the existing permit.
- D. Any application that contains omissions or is incorrectly completed will be returned to the applicant or the authorised agent (if applicable) for completion
- E. A fee, as determined by the Minister for Jobs, Enterprise and Innovation is payable by the applicant or the authorised agent (if
- applicable) for each Employment Permit granted.
 In line with section 24 of the Employment Permits Act 2006, as amended, should the employment that is the subject of the Employment Permit cease, for whatever reason, the original and the certified copy of the Employment Permit must be returned to the Employment Permits Section within 4 weeks from the date of cessation. Failure to comply with this requirement is an offence

Non-compliance with any provision of the Aliens Act 1935, the Immigration Acts, the Employment Permits Acts 2003 and 2006, as amended, or any Order made under these Acts is an offence punishable by Law.

(F) Declaration

Data Sharing and Data Protection

The Employment Permits Section may undertake verification of all data submitted on this application form. The Foreign National and the Authorised Agent (If applicable) are advised that in signing this application form they consent to allow the Employment Permits Section to share and request data as necessary, for the sole purpose of verifying the information submitted, between relevant Government Departments and

The signatories to this application may find further information concerning data sharing and the obligations of Data Controllers on the Data Protection Commissioner's website at www.dataprotection.ie. Alternatively, they may call: (057) 868 4800 / Lo-Call Number: 1890 252231.

Please note that a percentage of all applications will be chosen at random for inspection by the National Employment Rights Authority (NERA). Relevant documents will have to be provided as part of this inspection. Under Section 16 (d) of the Employment Permits Act 2006, as amended, the Minister may revoke an employment permit if, in the opinion of the Minister, any information provided in respect of the application for it was false or misleading in a material respect.

In accordance with Section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4 or 20, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

Furthermore, in accordance with Section 32 (1) of the Employment Permits Act 2006, as amended, a person guilty of an offence under section 18(2), 19(3), 23(4) or 25 is liable-

- (a) on summary conviction, to a fine not exceeding €5,000 or imprisonment for a term not exceeding 12 months or both, or
- (b) on conviction on indictment, to a fine not exceeding €50,000 or imprisonment for a term not exceeding 5 years or both.

Please note: With effect from 2003, the names of all employers who employ employment permit holders, as well as the number of permits issued to that employer, are made publicly available on the Department's website.

(G) Application Form Checklist

Please ensure that the application form is completed correctly. The following checklist should be used to ensure that all required information/documentation is provided. Incomplete application forms will be returned to the applicant or authorised agent (if applicable).

Attach 1 passport sized photograph, with Foreign National's name printed on the back.

Part One - Details of the Employer's Trusted Partner Registration: Complete all questions

Part Two - Details of Foreign National: Complete all questions

Please supply clear copies (preferably in colour) of the following:

- · Passport pages showing photograph, personal details and expiry date.
- Immigration stamps (if GNIB personal identification number not available).
- Visa (if GNIB personal identification number not available).

Original documents should not be submitted.

Part Three - Details of Employment: Complete all questions (unless otherwise specified)

Please provide the following:

- · Copies of 3 recent payslips issued to the holder of the Employment Permit dated within the last 4 months.
- Copies of P60s issued to the holder of the Employment Permit for each year of employment covering the duration of the existing Employment Permit.
- Documentary evidence of payments in respect of Health Insurance, if applicable.

Please supply copies of the following in the case of health professionals, including registered doctors, registered nurses and security personnel who have not provided their Registration/PtN number at Part 3, Question 3;

 A copy of registration with the appropriate regulatory body or recognition of qualifications pursuant to Schedule 2 in the Principal Regulations.

Please supply the following in the case of the renewal of an employment in a restaurant or a fast food outlet:

. an up-to-date tax clearance certificate in respect of the Employer.

Part Four - Details of Payment: Complete all questions

- Include the appropriate fee if required (the current fees applicable are available on the Department's website).
- Sign Payer declaration original signature required.
- If applicable, clear photocopies of the relevant pages of the EEA Spouse/Civil Partners' current passport showing his or her picture, personal details, passport expiry date and his or her signature, and a copy of the marriage certificate or the civil partnership registration evidencing the relationship of the Foreign National and the EEA national.

Part Five - Acceptance of Terms & Conditions

. Sign and date the appropriate declarations - original signatures required.

EMPLOYMENT PERMITS SECTION

Contact Details

E-mail: employmentpermits@djei.ie

Call Centre: 353-1-417 5333

LoCall: 1890 201 616 (from within Ireland only)

Fax: 353-1-631 3268
Address: Davitt House

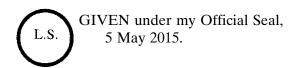
65a Adelaide Road Dublin 2

Dublin 2 Ireland **Employment Permits Section Web pages**

Information and application forms may be downloaded from the Employment Permits Section web pages on the Department of Jobs,

Enterprise and Innovation's website

PLEASE NOTE: The pages giving details on Requirement for Supporting Documentation and Application Form Checklist – parts A, B, C, D, E, F and G are for instruction purposes only. It is not necessary to include these pages when submitting the completed application form.



RICHARD BRUTON,
Minister for Jobs, Enterprise and Innovation.

EXPLANATORY NOTE

(This note is not part of the Instrument and does not purport to be a legal interpretation.)

These Regulations set down the application process for a person who will make an offer of employment, an employer, a connected person or an EEA contractor to apply to the Minister for Trusted Partner Registration and set out prescribed forms for such applications. Furthermore, they prescribe the forms that are to be used by Trusted Partners, in cases where a person who has made an offer of employment, an employer, a connected person or an EEA contractor has Trusted Partner status, to apply for the different classes of employment permits. In addition, they set down the information and documentation which must accompany such applications.

These Regulations may be cited as the Employment Permits (Trusted Partner) Regulations 2015.

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