


Office Use Only	Reference No:	Date received	DD MM YYYY	Received by:
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 Turks and Caicos Islands	<h2>WORK PERMIT APPLICATION FORM</h2> <p><i>EFFECTIVE APRIL 1, 2016 (REGULATION 33(1) AND 39(1))</i></p> <p><input type="checkbox"/> EMPLOYED</p> <p><input type="checkbox"/> SELF EMPLOYED</p>
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Name of Employer	
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Name of Employee	
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Payment Voucher No.	
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INSTRUCTIONS:

Please write in BLOCK letters and tick (✓) where relevant.

Complete the form in its entirety.

Ensure that the necessary documents are attached.

Kindly indicate the persons who wish to accompany the temporary worker or are already residing in the Turks and Caicos Islands.

Spouse _____

Child 1 _____

Child 2 _____

Child 3 (additional sheet required) _____

Child 4 (additional sheet required) _____

DOCUMENTS AND FEES TO BE ATTACHED TO THE EMPLOYED PERSON'S APPLICATION

- (1) Two photographs of the foreign worker and each person to be endorsed. Only ONE photograph of each individual must be certified
- (2) Certified copy of the foreign worker's passport bio data page showing photograph and date and place of birth
- (3) If on island, proof of legal entry and lawful stay in the Islands
- (4) Valid Police record (Local) for renewals. (Local and Overseas-if first time)
- (5) Certificate of Good Health (please contact the Ministry of Health for further information)
- (6) Confirmation of up to date NHIP and NIB contribution (if previously employed or resident in the islands)
- (7) Cover letter outlining the need for the work permit from the prospective employer
- (8) Completed application form signed by the employer and applicant
- (9) Employer's Business license
- (10) News Paper Advertisements
- (11) Job description
- (12) Employment Contract
- (13) Academic/Professional Qualifications Certificates and Diplomas
- (14) If not from an English speaking country evidence of proficiency in both spoken and written English

FEES

- (1) A non-refundable Administration Fee which will be either \$150.00 or 10% of the work permit fee per application, whichever is greater.
- (2) Labour Clearance Fees \$100.00 per application
- (3) A non-refundable Fast Track Service Fee of \$500.00 for Fast Track Service, if desired (i.e. 7 days processing service)
- (4) A non-refundable Repatriation Fee for each first time work permit application and/or upon a new work permit application involving a change in employer.
- (5) Any other fees owed to the Turks and Caicos Islands Government with respect to work permits

ENDORSEMENT OF SPOUSE / CHILDREN

- (1) Two Photos
- (2) Marriage certificate
- (3) Copy of spouse / children valid passport (Bio page)
- (4) Medical (certificate of good health)
- (5) Police record (valid for six months)
- (6) In the case of a child police record is need for ten (10) years and older
- (7) A school letter is need for children (private school)
- (8) Birth certificate of spouse and child/children
- (9) The applicant/employer has to demonstrate that the employee's income is sufficient to support him/herself and family in the islands and provide for the registration of the children in a private school.
- (10) Applications are submitted in the same manner as work permits.
- (11) The fee structure is a **\$150.00** non-refundable administrative fee, as well as a non-refundable fee of **\$500** with respect to each endorsee. Both are to be paid upon application.

DOCUMENTS AND FEES TO BE ATTACHED TO THE SELF-EMPLOYED APPLICATION

- (1) Two photographs of the applicant and each person to be endorsed. Only ONE photograph of each individual must be certified
- (2) Certified copy of the foreign worker's passport bio data page showing photograph and date and place of birth
- (3) If on island, proof of legal entry and lawful stay in the Islands
- (4) Valid Police record (Local) for renewals. (Local and Overseas-if first time)
- (5) Certificate of Good Health (please contact the Ministry of Health for further information)
- (6) Confirmation of up to date NHIP and NIB contribution (if previously employed or resident in the islands)
- (7) Cover letter outlining the need for the work permit
- (8) Completed application form signed by the applicant
- (9) Bank statement
- (10) Valid Business License
- (11) Proof of Ownership of Company
- (12) Listing of Partners/Shareholders/Certificate of Incumbency
- (13) Business and Staffing Plan including organizational structure
- (14) Academic/Professional Qualifications Certificates and Diplomas
- (15) If not from an English speaking country evidence of proficiency in both spoken and written English

FEES

- (1) A non-refundable Administration Fee which will be either \$150.00 or 10% of the work permit fee per application, which-ever is greater.
- (2) A non-refundable Fast Track Service Fee of \$500 00 for Fast Track Service, if desired (i.e. 7 days processing service)
- (3) Any other fees owed to the Turks and Caicos Islands Government with respect to work permits

ENDORSEMENT OF SPOUSE / CHILDREN

- (1) Two Photographs each
- (2) Marriage certificate
- (3) Copy of spouse / children valid passport (Bio page)
- (4) Medical (certificate of good health)
- (5) Police record (valid for six months)
- (6) In the case of a child police record is need for ten (10) years and older
- (7) A school letter is need for children (private school)
- (8) Birth certificate of spouse and child/children
- (9) The applicant/employer has to demonstrate that the employee's income is sufficient to support him/herself and family in the islands and provide for the registration of the children in a private school.
- (10) Applications are submitted in the same manner as work permits.
- (11) The fee structure is a **\$150.00** non-refundable administrative fee, as well as a non-refundable fee of **\$500** with respect to each endorsee. Both are to be paid upon application.

B3 Name and address for communication concerning this application.

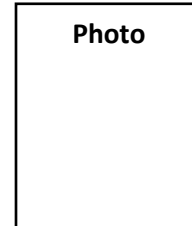
Family/last name	Given/first name
Company Name and address (if applicable)	
Telephone Number	Email

SECTION C **DETAILS FOR SPOUSE OF THE PERSON TO BE EMPLOYED**

C1 Name of person (as printed in the Passport):

TITLE: Mr. Mrs. Ms. Dr Other (Please specify) _____

Family/last name
Given /first names



C2 Other names you are known by or have ever been known by

C3 Date of Birth:

D	D	M	Y	Y	Y	Y
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C4 Sex/Gender: Male Female

C5 Country of Birth (including province/state): _____

C6 Country of Citizenship (if more than 1, list all):(1) _____ (2) _____

C7 Race/Ethnicity: _____ **C8** Languages spoken: _____, _____

C9 Occupation _____ **C10**.Present country of residence _____

C11 Details of all passports held. You are require to give all information as printed in each passport

	PASSPORT 1	Passport 2	Passport 3
Country of Issue			
Passport Number			
Family Name			
First/Given name			
Date of Issue	DD MM YYYY	DD MM YYYY	DD MM YYYY
Expiration Date	DD MM YYYY	DD MM YYYY	DD MM YYYY
Place of Issue			

D18. Country of Birth (including province/state): _____

D19. Country of Citizenship (if more than 1, list all):(1) _____ (2) _____

D20. Present country of residence _____

D21. Name of school currently attending. _____

22 Details of all passports held. You are required to give all information as printed in each passport

	PASSPORT 1	Passport 2	Passport 3
Country of Issue			
Passport Number			
Family Name			
First/Given name			
Date of Issue	DD MM YYYY	DD MM YYYY	DD MM YYYY
Expiration Date	DD MM YYYY	DD MM YYYY	DD MM YYYY
Place of Issue			

D23 If this child is residing in the Turks and Caicos Islands what is his/her current immigration status?

D24 Endorsed on Work Permit Residence Permit Never Endorsed

D25 Visitor Never Visited

Last date of entry into the Turks and
Caicos Islands DD MM YYYY

Last date of departure from the Turks
and Caicos Islands DD MM YYYY

D26 Are you seeking an endorsement for this child ?

Yes No No, I intend to do so in a subsequent application.

D27 Are you separated or divorced from the parent of any of the children in this application?

Yes No

SECTION E EDUCATION DETAILS FOR THE PERSON TO BE EMPLOYED

If more space is required please attach an additional page.

E1. Last primary school attended

Name of Primary School			
Address of School			
Country			
Date Enrolled	DD MM YYYY	Date Completed	DD MM YYYY
Reason for leaving	<input type="checkbox"/> Graduation <input type="checkbox"/> Transfer <input type="checkbox"/> Other (please specify: _____)		

THIS DOCUMENT IS NOT TO BE SOLD OR PURCHASED

Name of Secondary School			
Address of School			
Country			
Date Enrolled	DD MM YYYY	Date Completed	DD MM YYYY
Reason for leaving	<input type="checkbox"/> Graduation <input type="checkbox"/> Transfer <input type="checkbox"/> Other (please specify: _____)		

E2. Post-Secondary Education (If you need to provide additional information, please attach an additional page.)

Name of Institution 1			
Address of Institution			
Country			
Date Enrolled	DD MM YYYY	Date Completed	DD MM YYYY
Course Pursued			
Certificate/Diploma/Degree Obtained	<input type="checkbox"/> Associate <input type="checkbox"/> Vocational <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate		

Name of Institution 2			
Address of Institution			
Country			
Date Enrolled	DD MM YYYY	Date Completed	DD MM YYYY
Course Pursued			
Certificate/Diploma/Degree Obtained	<input type="checkbox"/> Associate <input type="checkbox"/> Vocational <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate		

E3. List ALL Trade or Professional Bodies or Associations with which the person to be employed are affiliated:

Name of Association			
Address of Institution			
Country		Date of Membership	DD MM YYYY
Name of Association			
Address of Institution			
Country		Date of Membership	DD MM YYYY

THIS DOCUMENT IS NOT TO BE SOLD OR PURCHASED

E5 Give details of ALL disciplinary action to which you have been subject by such Body or Association:

SECTION F CHARACTER DETAILS

F1 For ANY offence, including any driving offence, has the **person to be employed, or anyone included in this application**, ever been :

- arrested ? Yes No
- charged ? Yes No
- convicted? Yes No

F2 For ANY offence, in any country, is **anyone included in this application** currently:

- under investigation? Yes No
- wanted for questioning? Yes No
- facing charges? Yes No

F3 Does **anyone included in this application**, currently have an outstanding arrest warrant in any country?

Yes No

F4 With respect to any country, including the Turks and Caicos Islands, has **anyone included in this application** ever been

- repatriated? Yes No
- refused entry? Yes No
- removed or deported ? Yes No

If your response to any of the above is Yes, provide details below. Insert a new sheet for each person where required.

Name of Person:	
F5 Was the person refused entry, removed or departed? <input type="checkbox"/> Yes <input type="checkbox"/> No	F6 If yes, briefly state the date, the country removed from and the reason for denial or removal.
F7 Was the person arrested ? <input type="checkbox"/> Yes <input type="checkbox"/> No	F8 If yes, briefly state the reason/circumstance of the arrest.

F9 Was the person charged ? <input type="checkbox"/> Yes <input type="checkbox"/> No	F10 If yes, please state the nature of the offence charged.
F11 Was the person convicted ? <input type="checkbox"/> Yes <input type="checkbox"/> No	F12 What was the date/s of conviction? DD MM YYYY
DETAILS ABOUT THE CONVICTION	
F13 What was the nature of the offence?	
F14 What was the date of sentence?	DD MM YYYY
F15 What was municipality/city/county /province/country where convicted	
F16 Has the sentence been served?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F17 Date sentence completed:	DD MM YYYY
F18 Is the conviction spent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION G
EMPLOYMENT HISTORY DETAILS

G1 Give the following information regarding your PAST working experience. (Use extra sheets as needed):

Name of Employer 1			
Job Title			
Key tasks performed			
Country			
Date Employment Started	DD MM YYYY	Date Employment Ended	DD MM YYYY
Reason Employment Ended			

Name of Employer 2			
Job Title			
Key tasks performed			
Country			
Date Employment Started	DD MM YYYY	Date Employment Ended	DD MM YYYY
Reason Employment Ended			
Name of Employer 3			
Job Title			
Key tasks performed			
Country			
Date Employment Started	DD MM YYYY	Date Employment Ended	DD MM YYYY
Reason Employment Ended			
Name of Employer 4			
Job Title			
Key tasks performed			
Country			
Date Employment Started	DD MM YYYY	Date Employment Ended	DD MM YYYY
Reason Employment Ended			

SECTION H

DETAILS ABOUT THE EMPLOYER AND THE JOB OFFERED

H1 Name of Company/Firm/Individual (the Employer)

H2 Company Name and address (if applicable)

H3 Telephone Number **H4** Email

H5 Fax number

H6 Name of person to contact regarding information about this application

H7 If contact person is employed in an Agency, state the Agency's name and address:

Give the following information about Company/Firm/Individual Employer as applicable:

H8 Business License Number: **H9** Business License Category **H10** Expiration Date
DD MM YYYY

H11 National Insurance Number: **H12** National Health Insurance Number:

H13 Foreign worker's employment status in the company/firm if given a work permit (tick as appropriate):

- Employee (including trainee or intern) Partner Sole Proprietor Director
- Shareholder
- Other (please specify) _____

H14 Foreign worker's occupation/job title if given a work permit: _____

H15 Foreign Worker's main duties if given a work permit:

H16. How many days per month will the Foreign Worker be needed to work if given a Work Permit?

H17 State the duration of the Work Permit sought: _____

Provide the following information on foreign worker's remuneration package if given a work permit:

H18. Basic Salary \$ _____ weekly biweekly monthly

H19. Housing Allowance \$ _____ **H20** Telephone Allowance \$ _____

H21 Transport Allowance \$ _____ **H22.** Education Allowance \$ _____

H23 Other Allowances (specify) \$ _____

H24. If the foreign worker’s remuneration package includes a bonus program, say how bonus will be calculated:

H25. List the names and qualifications of every Turks and Caicos Islander who applied for the position being offered to the foreign worker (use extra sheet(s) as required :

Name of TCIslander #1		
Contact Information	Tel:	Email:
Qualifications		
Reason why he/she are unable to be hired		
Name of TCIslander #2	Tel:	
Contact Information	Tel:	Email:
Qualifications		
Reason why he/she are unable to be hired		
Name of TCIslander #3	Tel:	
Contact Information	Tel:	Email:
Qualifications		
Reason why he/she are unable to be hired		
Name of TCIslander #4	Tel:	
Contact Information	Tel:	Email:
Qualifications		
Reason why he/she are unable to be hired		

SECTION I**TO BE COMPLETED BY THE PERSON TO BE SELF EMPLOYED AND DETAILS ABOUT YOUR BUSINESS/COMPANY**

- 1** Please provide a brief description of the business, for example, who are the customers, what products/services it sells, how many Turks and Caicos Islanders are likely to be employed. **Attach an additional page if more space is required.**

2 Name of Business/Company/Firm

3 Business/Company/Firm's address

4 Telephone Number

6 Fax

5 Email

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7 Name of person to contact regarding information about this application

8 If contact person is employed in an Agency, state the Agency's name and address:

Give the following information about Company/Firm/Person to be Self Employed as applicable:

9 Business License Number:

10 Business License Category

11 Expiration Date

		DD MM YYYY
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I 12 National Insurance Number:

I 13 National Health Insurance Number:

I 14 Foreign worker's (the person to be self- employed) employment status in the company/firm if given a work permit (tick as appropriate):

- Employee (including trainee or intern)
- Partner
- Sole Proprietor
- Director
- Shareholder
- Other (please specify) _____

I 15 Foreign worker's (the person to be self- employed) occupation/job title if given a work permit: _____

I 16 Foreign Worker's main duties if given a work permit:

I 17. How many days per month will the Foreign Worker be needed to work if given a Work Permit?

I 18 State the duration of the Work Permit sought: _____

Provide the following information on foreign worker's remuneration package if given a work permit:

I 19. Basic Salary \$ _____ weekly biweekly monthly

I 20. Housing Allowance \$ _____ **I 21** Telephone Allowance \$ _____

I 22 Transport Allowance \$ _____ **I 23.** Education Allowance \$ _____

I 23 Other Allowances (specify) \$ _____

I 24. If the foreign worker's remuneration package includes a bonus program, say how bonus will be calculated: _____

SECTION J**DECLARATIONS****J1** Declaration by Employer (Company/Firm/Individual):

I hereby declare that I am authorized to bind the Employer for the foreign worker named in **Section A** to the following:

I have read and I understand the applicable regulatory conditions of the grant of a Work permit, as specified in the Immigration Ordinance 2015.

The Employer consents, for the purpose of assessing this application, for the Government of the Turks and Caicos Islands and any statutory authorities thereof to obtain from and verify information with any person, organization, or any other source; and further, to the release of all information thereby obtained to the Government of Turks and Caicos Islands, Statutory Authorities and authorized agents thereof.

The information as set out in this application are, to the best of my knowledge, true and correct; and that all documents submitted in support of this application are true and authentic copies of the original document.

I understand that it is an offence to provide false or misleading information under Section 97 of the Immigration Ordinance 2015 and that if found guilty, I am liable on summary conviction to a fine of \$20,000 or a term of imprisonment of four years, or to both.

Name and Designation of Authorized Representative

Date: DD MM YYYY

J2 Declaration by an Agency:

(Applicable if the Employer engage the services of an Agency/Agent)

I hereby declare that I am authorized to bind the Employer for the Foreign Worker named in **Section A** to the following:

I, the undersigned, am the Agency personnel handling this application.

I have explained the contents of the application and the applicable regulatory conditions of the grant of a Work permit, as specified in the Immigration Ordinance 2015 to the Foreign Employee and the Authorized Officer of the Employer.

The information as set out in this application are, to the best of my knowledge, true and correct; and that all documents submitted in support of this application are true and authentic copies of the original document.

I understand that it is an offence to provide false or misleading information under Section 97 of the Immigration Ordinance 2015 and that if found guilty, I am liable on summary conviction to a fine of \$20,000 or a term of imprisonment of four years, or to both.

Name, Signature and Designation of Authorized Agency Personnel

Date: DD MM YYYY

Authorized Agency Personnel Contact Details