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| *OFFICIAL USE ONLY: REFERENCE NUMBER* |  |



IMMIGRATION ORDINANCE 1999, section 17H

IMMIGRATION (GENERAL) REGULATIONS 2021, regulation 17

**APPLICATION FOR ACCOMPANYING DEPENDENT PERMIT** (including extensions)

**Dependents of Work Permit applicants / holders**

**Please take care when completing this form and only provide information that is complete and accurate. A suitable adult will be required to complete this form if applicant is a minor**

1. PERSONAL DETAILS

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| **Surname(s)** |  |
| **Forename(s)** |  |
| **Previous name(s)** |  |

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| --- | --- | --- |
| **Gender** | Male | Female |

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| --- | --- | --- | --- | --- |
| **Marital Status** |  | |  | |
| **Date of Birth** |  | |  | |
| **Place of Birth** |  | |  | |
| **Current Address** |  | | | |
| **How long in current address** |  | | | |
| **Previous address  (if less than 12 months)** |  | | | |
| **Email** |  | **Telephone** | |  |
| **Nationality** |  | | |  |
| **Other Nationalities held** |  | | | |
| **Countries lived in for 12 months or more in the last 5 years:** |  | | | |

1. PASSPORT DETAILS

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| **Passport Number** |  | **Place of Issue** |  |
| **Date of Issue** |  | **Date of Expiry** |  |

1. PERMIT DETAILS

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| **Intended date of arrival  (if not already in the Falkland Islands)** |  |

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| **Name of Work Permit**  **applicant / holder** |  | | | |
| **Name of Work Permit Employer** |  | | | |
| **Work Permit Job Title** |  | | | |
| **Employment dates** | **Start Date:** |  | **End Date:** |  |

**For Permit Extensions**

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| **Current permit no** |  | **Your ID no** |  | |
| **Permit valid from** |  | **Valid to** |  | |
| **Has there been any changes in the main terms & conditions of the Work Permit Holder’s job?** | | | **Yes** | **No** |

**If ‘yes’ give details below –**

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**Note: If the job role has changed a new Work Permit application and new Accompanying Dependent Permit will be required**

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| **Medical and dental assessment completed** (see guidance notes) | Yes | No |

**What arrangements are in place for your financial support while living in the Falkland Islands?** Give full details

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**What accommodation arrangements have been made for you?** Please detail the address, who has arranged it, how long is it available for, who will be paying for it, whether it is shared or single accommodation .etc.

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1. GUIDANCE NOTES

* For the purposes of Falkland Islands immigration procedures you must declare **ALL** criminal convictions, whether or not they are considered to be spent by the laws of the country in which you were convicted, cautions and fixed penalty notices. A declaration of criminal convictions, cautions and fixed penalty notices will not necessarily mean that your application will be refused, but it is a requirement that they be taken into consideration
* Any material misrepresentation in this form may render you liable to prosecution in the Falkland Islands. It could also mean that any permit issued will be revoked and that you will need to leave the Falkland Islands
* It is an offence to take employment or engage in any trade, business, profession or vocation without having permission to do so
* An application fee of £23.00 (£13.00 if under 16 years old) will be charged for each applicant. An Accompanying Dependent Permit will be issued to match the validity of the attending work permit, this may not exceed four years. No fee will be charged for an extension of an existing permit
* All applications should be submitted via email to permits@customs.gov.fk
* Original documents must be available for inspection on request. All queries can be sent to the above email address. We aim to process complete applications within eight working days. Incomplete or non-straightforward applications are likely to result in slower determinations

**Medical**

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

**Educational**

* All children aged 3 – 16 must have undergone an educational assessment and submitted it to the Education Department, this is required before an Accompanying Dependent Permit can be issued

**Criminal Record Checks**

* If the applicant is aged 16 years or more you must provide (dated not more than three months before the date of application):
* an approved Police Vetting Certificate from your country of residence;
* if the duration of your Accompanying Dependent Permit is 2 years or more a Police Vetting Certificate for each country you have lived in for 12 months or more in the 5 years prior to your arrival (unless already submitted)

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

1. DECLARATION

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

###### I understand the questions on this form and confirm that the information provided is true and correct

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

**APPLICANT DECLARATION:**

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| **Have you ever been convicted of *any* criminal offence?** | **Yes** | **No** |

*You must answer ‘yes’ even if the conviction is considered to be spent or rehabilitated*

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

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| --- | --- | --- |
| **Dates(s)**       **Conviction(s)**       **Penalties** | | |
| **Have you ever received a caution or a fixed penalty notice?** | **Yes** | **No** |

*You must answer ‘yes’ regardless of the date of the caution or fixed penalty notice, and whether or not the fixed penalty notice was paid*

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

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| --- | --- | --- | --- |
| **Dates(s)**       **Caution(s)/Fixed penalty notice(s)**       **Result(s)** | | | |
| **Have you ever been deported, removed, required to leave, had a permit revoked, or refused entry to *any* country?** | | **Yes** | **No** |
| If ‘yes’ please provide details below | | |
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| **Have you *ever* suffered from any dangerous contagious disease?** | | **Yes** | **No** |
| If ‘yes’ please provide details below | | |
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| **Do you have any medical condition or disability for which you need on-going specialist medical treatment?** | | **Yes** | **No** |
| If ‘yes’ please provide details below | | |
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**The Falkland Islands education system is based on the curriculum taught in English schools in the United Kingdom. If you are a child under the age of 16 years, will you need additional help and support at school e.g. because you have a disability, or learning difficulty, or because you are not fluent in English?**

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|  | **Yes** | **No** |

If ‘yes’ please provide details below of your additional educational needs

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

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

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| **Name in full** |  | | |
| **Date** |  |  |  |

**CHECK LIST**

Tick if appropriate

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| **Copies of all passports** |  |
| **Criminal record checks (if relevant)** |  |
| **Medical assessment** |  |
| **Copies of birth certificate(s) of children (if relevant)** |  |
| **Educational assessment of children (if relevant)** |  |