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| *OFFICIAL USE ONLY: REFERENCE NUMBER* |  |

IMMIGRATION ORDINANCE 1999, section 38(A) (1-2). Schedule 2 (8)

IMMIGRATION (GENERAL) REGULATIONS 2021, regulation 24 (8)

**FALKLAND ISLANDS GOVERNMENT**

**REGISTERED EMPLOYER SCHEME**

**EMPLOYER’S NOTIFICATION – INTENTION TO EMPLOY**

**For completion by Employer**

|  |  |  |
| --- | --- | --- |
| **1.** | **I (full name of authorised person)** |  |
| **2.** | **as (position)** |  |
| **3.** | **of (business name)** |  |
| **4.** | **of (business address)** |  |
| **5.** | **confirm that I intend to employ:** |  |
|  | **full name of individual** |  |
|  | **full address of individual in Falkland Islands** |  |
|  | **in the capacity of (job title)** |  |
|  | **at (location in Falkland Islands)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed start date** | Click here to enter a date. | **Finish date** | Click here to enter a date. |

**Note: End date to be no later than date of expiry of any existing permit**

**6. Applicant’s current permit is a (tick and complete as applicable) –**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Work Permit** | **Issued on** | Click here to enter a date. | **Expiring on** | Click here to enter a date. |
|  | **Accompanying Dependent Permit** | **Issued on** | Click here to enter a date. | **Expiring on** | Click here to enter a date. |
|  | **Dependent Permit** | **Issued on** | Click here to enter a date. | **Expiring on** | Click here to enter a date. |
|  | **Carer Permit** | **Issued on** | Click here to enter a date. | **Expiring on** | Click here to enter a date. |
|  | **Residence Permit** | **Issued on** | Click here to enter a date. | **Expiring on** | Click here to enter a date. |
|  | **Exempt** |  |  |  |  |

**7. I certify that having checked the current Workforce Shortage List – the above job title is within a category included on the list**

Yes  No

|  |  |
| --- | --- |
| **Standard Occupational Classification Code** (if known) **see Workforce Shortage List** |  |

**IMPORTANT**

**If not on the Workforce Shortage List the holder of a Work Permit or an Accompanying Dependent Permit must first apply to the Principal Immigration Officer for permission to do the work. Holders of a Residence Permit and Exempt individuals must also apply for permission to work. In all cases use -**

**FORM 5b - RES5 Employment Permission Request**

**Only once permission is received and you have seen this permission may you employ the permit holder / exempt individual and return this notification form**

**8. I have been unable to recruit a suitably qualified person who has Permanent Residence Permit / Falkland Islands status to take the job. The following efforts have been made in this regard –**

|  |
| --- |
| State the efforts that have been made below and also attach a copy of the job advert |
| Dates of advert (dd/mm/yyyy) |
|  |
| Where advertised? |
|  |
| Were any applicants permanently settled refused? If so why? |
|  |
| Any other details |
|  |
|  |

**IT IS A LEGAL RESPONSIBILITY OF THE EMPLOYER UNDER THE IMMIGRATION ORDINANCE 1999 TO NOTIFY THE CUSTOMS & IMMIGRATION SERVICE AS SOON AS POSSIBLE OF ANY CHANGE OF CIRCUMSTANCES RELATING TO THE EMPLOYMENT OR PERMIT OF THE ABOVE INDIVIDUAL**

**FAILURE TO NOTIFY CUSTOMS & IMMIGRATION CAN LEAD TO REMOVAL OF THE EMPLOYER FROM THE REGISTERED EMPLOYER SCHEME AND YOU MAY BE COMMITTING AN OFFENCE**

|  |  |
| --- | --- |
| **Full name of authorised person** |  |

|  |  |
| --- | --- |
| **Date** | Click here to enter a date. |

**OFFICIAL USE ONLY**

**RECEIPT OF EMPLOYER’S NOTIFICATION**

**From the Falkland Islands Customs & Immigration Service**

To –

|  |  |
| --- | --- |
| **Business name** |  |

|  |  |
| --- | --- |
| It is acknowledged that on this date | Click here to enter a date. |

|  |  |
| --- | --- |
| **You notified us that you will be employing (full name)** |  |

|  |  |
| --- | --- |
| **in the capacity of (job title)** |  |