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Border Force
Turks and Caicos Islands

WORK PERMIT APPLICATION

Effective April 1, 2016 (Regulation 50(2))

FREELANCER'S PERMIT WORK

EDUCATION

GENEAOLOGY

Name of Employer	
Name of Employee	
Payment Voucher No.	

INSTRUCTIONS:

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

Complete the form in its entirety.

Ensure that the required documents are attached.

Kindly indicate the persons for whom endorsements are requested and for whom you have paid the relevant fees:

Spous Child 1 _____

Child 2 _____

Child 3 (additional sheet required) _____

Child 4 (additional sheet required) _____

DOCUMENTS AND FEES TO BE ATTACHED TO THE FREELANCER'S 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) Proof of legal entry or birth in the Islands
- (4) Valid Police record
- (5) Certificate of Good Health (please contact the Ministry of Health for further information)
- (6) Completed application Form

EDUCATION

- (1) High School Diploma
- (2) Correspondence from a public or registered secondary school/s in the islands showing a minimum of five (5) years attendance.

GENEALOGY

- (1) Applicant's Birth Certificate
- (2) Applicant's parents birth Certificate
- (3) Applicant's Grandparent's birth certificate
- (4) Applicant's great grand-parent's birth certificate

NB: An Employment contract must also be given to the Employment Services Department after employment is found.

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) 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 needed for children
- (8) Birth certificate of spouse and child/children
- (9) Applications are submitted in the same manner as work permits.
- (10) 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.

B11 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			

You are required to complete each section below regarding your spouse's present and/or previous immigration status in the islands.

Immigration details for the spouse of the person who is to be employed in the Turks and Caicos Islands.

B12 Work Permit Holder Temporary Annual Never Worked

Employer	Job Title/Occupation
<input type="text"/>	<input type="text"/>

B13 Last Permit Number	Date of Issue	Expiration Date
<input type="text"/>	DD MM YYYY	DD MM YYYY

B14 National Health Insurance Number	B15 National Insurance Number
<input type="text"/>	<input type="text"/>

B16 Residence Permit Holder Never Resided

B17 Last Permit Number	Date of Issue	Expiration Date
<input type="text"/>	DD MM YYYY	DD MM YYYY

B18 Endorsed on Work Permit Residence Permit PRC Never Endorsed

B19 Name of Permit Holder	Relationship to you
<input type="text"/>	<input type="text"/>

B20 Permit Number	Date of Issue	Expiration Date
<input type="text"/>	DD MM YYYY	DD MM YYYY

B21 Visitor Never Visited

B22 In which country is the spouse residing at the time of this application?	Last date of entry into the Turks and Caicos Islands	Last date of departure from the Turks and Caicos Islands
<input type="text"/>	DD MM YYYY	DD MM YYYY

B23 Does your spouse reside or intend to reside in Islands with you? Yes No

B24 Does your spouse intend to seek employment in Islands: Yes No

B25 If your spouse is employed what is his/her occupation: _____

D16 Is your father living in the Islands? Yes (Answer question D17) No (Answer question D18)

D17 If Yes, what is his status in the Islands?

- Visitor
- Work Permit Endorsed on Work Permit
- Residence Permit Endorsed on Residence Permit
- PRC Endorsed on PRC
- Naturalized British Overseas Territory Citizen (BOTC)
- Belonger
- Other, please specify: _____

D18 If No, in what country is he living?: _____

THIS SPACE IS INTENTIONALLY BLANK

CONTINUE TO NEXT PAGE

NOTE: QUESTION D19 IS TO BE ANSWERED BY THOSE APPLYING ON THE BASIS OF GENEALOGY ONLY, i.e., GREAT GRANDPARENT WHO WAS BORN IN THE ISLANDS (If you require more space to provide additional information, please attach an additional page.)

D19 Your genealogy

Your Parent	Name of your PARENT given in D1 or D10 above whose grandmother or grandfather was born in the Turks Caicos Islands = (A)		
	(i) Insert the name of (A) here. _____		
	First Name	Middle Name	Surname
Your Grandparent	Name of (A)'s mother or father whose grandparent/s was born in the Turks Caicos Islands = (B)		
	(ii) Insert the name of (B) here. _____		
	First Name	Middle Name	Surname
Your great grand parent	Provide the following information regarding (B)		
	(iii) Mother's Name	_____	
	(iv) Father's Name	_____	
	(v) Date of Birth	Day: _____	Month: _____ Year: _____
	(vi) Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	(vii) Town of Birth	_____	
	(viii) Country of Birth	_____	
	Name of (B)'s parent who was born in the Turks and Caicos Islands =(C)		
	(ix) Insert the name of (C) here. _____		
	First Name	Middle Name	Surname
Provide the following information regarding (C)			
(viii) Date of Birth	Day: _____	Month: _____ Year: _____	
(ix) Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
(x) Town of Birth	_____		
(viii) Country of Birth	_____		

SECTION E**EDUCATION DETAILS FOR THE PERSON TO BE EMPLOYED**

If more space is required please attach an additional page.

E1. Primary schools attended (starting with your first primary school)

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: _____ _____		

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: _____ _____		

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: _____ _____		

E2. Secondary/High schools attended (starting with your first secondary/high school)

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: _____ _____		

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: _____ _____		

E3. 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 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		

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
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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			

SECTION H	DECLARATIONS
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H 1. Declaration by Employer (Company/Firm/Individual):

I hereby declare that I am authorized to bind the Employer for the foreign worker named in SECTION 1 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, 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.

_____ Date: ____/____/____

Name and Designation of Authorized Representative

(DD-----MM-----YYYY)