


Office Use Only	Reference No:		Date received	DD MM YYYY	Received by:	
 Turks and Caicos Islands	TEMPORARY WORK PERMIT APPLICATION <i>Effective April 1, 2016 (Regulation 53(1))</i>					
Name of Employer						
Name of Employee						
Payment Voucher No.						
<p>INSTRUCTIONS:</p> <p>Please write in BLOCK letters and tick (√) where relevant.</p> <p>Complete the form in its entirety.</p> <p>Ensure that the required documents are attached.</p>						

DOCUMENTS AND FEES TO BE ATTACHED TO THE TEMPORARY WORK PERMIT APPLICATION

FIRST TEN (10) DAYS

A. **Employer shall** produce to the Commissioner of Labour

- (1) A complete and signed application form for the applicant
- (2) Two photos (passport size)
- (3) A Copy of applicant valid passport (Bio page)
- (4) Police Record (Must be valid for six (6) months)
- (5) CV (curriculum Vitae)
- (6) Health Insurance (proof of coverage while in the Turks and Caicos)
- (7) Fees \$750.00

B. **Employer shall** produce to the Commissioner of Labour

- (1) Employer ID or a Business License
- (2) In the case of an agent
 - a. A letter of consent from the company or individual
 - b. Business License for their agency

EXTENSION OF TEMPORARY WORK PERMIT APPLICATION FOR THIRTY-TWO (32) DAYS

- (1) Completed and signed application form
- (2) Original copy of the ten (10) day temporary work permit
- (3) A copy of the entry stamp into the TCI along with the Bio page

SECTION A INFORMATION ABOUT THE PERSON TO BE EMPLOYED

A1 Name of person (as printed in the Passport):

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

Family/last name

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Given /first names

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A2 Other names you are known by or have ever been known by

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A3 Date of Birth:

D	D	M	Y	Y	Y	Y
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A4 Sex/Gender: Male Female

A5. Country of Birth (including province/state): _____

A6. Country of Citizenship (if more than 1, list all):(1) _____ (2) _____

A7. Race/Ethnicity: _____ **A8**. Languages spoken: _____, _____

A9. Principal Address Outside of Turks and Caicos Islands:

A10 Intended Address in Turks and Caicos Islands (if known):

A11 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			

A12 Marital Status Single Married - Date DD MM YYYY
 Divorced - Date DD MM YYYY Separated - Date DD MM YYYY

A13 Do you have children? Yes – How many? _____ No

You are required to complete each section below regarding the present and/or previous TCI immigration status of the person who is to be employed in the islands.

Immigration details for the person to be employed in the Turks and Caicos Islands.

A14 **Work Permit Holder** Temporary Annual Never Worked
Employer _____ Job Title/Occupation _____

A15 Last Permit Number _____ Date of Issue _____ Expiration Date _____
DD MM YYYY DD MM YYYY

A16 National Health Insurance Number _____ **A17** National Insurance Number _____

A18 **Residence Permit Holder** Never Resided

A19 Permit Number _____ Date of Issue _____ Expiration Date _____
DD MM YYYY DD MM YYYY

A20 **Endorsed on** Work Permit Residence Permit PRC Never Endorsed

A21 Name of Permit Holder _____ Relationship to you _____

A22 Permit Number _____ Date of Issue _____ Expiration Date _____
DD MM YYYY DD MM YYYY

A23 **Visitor** Never Visited

A24 In which country is the prospective employee 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 _____
DD MM YYYY DD MM YYYY

A25 Present Occupation/Job Title: _____

A26 Present Employer: _____

A27 Does the prospective employee have a pending arbitration/reconciliation at the Employment Services Department or Labour Tribunal case in the Turks and Caicos Islands?

Yes No

SECTION B THE PERSON TO BE EMPLOYED CONTACT INFORMATION

B1 Residential address and contact information in home country.

Telephone Number _____ Email _____

B2 If the person to be employed is already in the Turks and Caicos Islands, provide TCI contact information below.

Telephone Number	Email

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

CHARACTER DETAILS

C1 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

C2 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

C3 Does **anyone included in this application**, currently have an outstanding arrest warrant in any country?

Yes No

C4 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:	
C5 Was the person refused entry, removed or departed? <input type="checkbox"/> Yes <input type="checkbox"/> No	C6 If yes, briefly state the date, the country removed from and the reason for denial or removal.
C7 Was the person arrested ? <input type="checkbox"/> Yes <input type="checkbox"/> No	C8 If yes, briefly state the reason/circumstance of the arrest.
C9 Was the person charged ? <input type="checkbox"/> Yes <input type="checkbox"/> No	C10 If yes, please state the nature of the offence charged.
C11 Was the person convicted ? <input type="checkbox"/> Yes <input type="checkbox"/> No	C12 What was the date/s of conviction? DD/MM/YYYY
DETAILS ABOUT THE CONVICTION	
C13 What was the nature of the offence?	
C14 What was the date of sentence?	DD MM YYYY
C15 What was municipality/city/county /province/country where convicted	
C16 Has the sentence been served?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C17 Date sentence completed:	DD MM YYYY
C18 Is the conviction spent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION D **DETAILS OF THE URGENT SPECIALIST SKILLS REQUIRED**

D1 Which industry sector will you be working in? (Tick one box only)

- Agriculture, forestry and fishing
- Mining
- Manufacturing
- Electricity, gas, water and waste services
- Construction
- Retail trade
- Accommodation and food services
- Transport postal and warehousing
- Information media and telecommunications
- Financial, banking and insurance services
- Rental, hiring and real estate services
- Professional, scientific and technical
- Administrative and support services
- Public administration and safety
- Education and training
- Health care and social assistance
- Arts and recreation services
- Other services, please specify _____

D2 List/provide details of the specialist skills, qualifications and experience that the specialist has that is relevant to the proposed work or activity which is not available on the Islands.

D3 Why is the skill needed urgently?

D4 Will there be a need to recruit this skill on a long term basis in the future?

D5 If your answer is yes, what steps are you taking to recruit locally or overseas and provide training for a Turks and Caicos Islander?

D6 What will be the impact on your business activity if the specialist skill is not acquired?

SECTION E **DETAILS ABOUT THE EMPLOYER AND THE JOB OFFERED**

E1 Name of Company/Firm/Individual (the Employer)

E2 Company Name and address (if applicable)

E3 Telephone Number **E4** Email **E5** Fax number

E6 Name of person to contact regarding information about this application

: **E7** 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:

E8 Business License Number: **E9** Business License Category **E10** Expiration Date
_____ _____ DD MM YYYY

E11 National Insurance Number: **E12** National Health Insurance Number:
_____ _____

E15 Temporary worker's main duties if given a work permit:

E16. How many days per month will the Foreign Worker be needed to work if given a Work Permit? _____

E17 State the duration of the Work Permit sought: _____

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

E18. Basic Salary \$ _____ weekly biweekly monthly

E19. Housing Allowance \$ _____ **E20** Telephone Allowance \$ _____

E21 Transport Allowance \$ _____ **E22.** Education Allowance \$ _____

E23 Other Allowances (specify) \$ _____

SECTION F**DECLARATIONS****F1** 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 PART 2 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

F2 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