

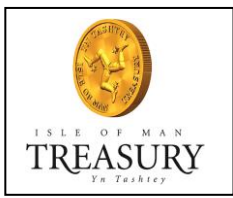


# Worker Migrant Covid-19 related employment changes

This form is specified for the purposes of article 7 of the Immigration (Variation of Leave) (No.2) Order 2020 (SD No. 2020/0255) ("the Order").

Pursuant to article 7 of the Order, Worker Migrants must provide to the Immigration Service the

<b>Your details</b>	
1. Full Name (including middle names)	2. Date of Birth
3. Current Address	
4. Email	5. Telephone
6. Current visa expiry date	
7. Details of change(s) in your employment circumstances. Continue on a separate page if necessary. Please see the Notes section for further information.	
<b>New Employment Details</b> (where applicable)	
8. Is this employment permanent or temporary?	9. Start Date and Expected End Date (if known) Start Date: End Date:
10. Job title	
11. Gross annual salary	



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## Form Guidance Notes

**Q1 & 2.** For identification only.

**Q3-5.** Please provide your current contact information, we may need to contact you for further information.

**Q6.** Your current visa expiry will be found on your 'vignette' or 'wet ink stamp' within your passport.

**Q7.** Please provide as much detail as possible relating to the effect and consequences of Covid-19 to your situation. This may include, but not be limited to, details of:

- Significant salary changes
- New job role with your existing employer
- New employer
- Leave with or without pay

You may also wish to refer to Paragraph 5.1 of Appendix W to the [Immigration Rules](#) for full details of what ordinarily constitutes a prohibited change.

**Q8-11.** If applicable to you, please provide details of your new employment.

### Submitting this form

To submit this form, please print off and complete, and then either scan and email to [immigration@gov.im](mailto:immigration@gov.im) or submit by post to:

**Isle of Man Immigration Service  
Customs and Immigration Division  
Government Office  
Bucks Road  
Douglas  
Isle of Man  
IM1 3PN**