

Application for a Work Permit for Employment

Control of Employment Act 2014

Send completed form with the required fee to:

(For information on fees and methods of payment please see page 5)

Work Permit Office, JobCentre
Nivison House, 31 Prospect Hill
Douglas, Isle of Man, IM1 1ET

Please complete in BLOCK CAPITALS and in black ink.

Further information, including a full 'Guide to Work Permits', is available and can be obtained from the address above or via our website <http://www.gov.im/categories/working-in-the-isle-of-man/work-permits/>. Please refer to this information prior to completing this application form.

You may provide further information to support your application in addition to completing this form. You are encouraged to make as strong a case as possible with your initial application as, in the event of refusal, the scope for

Part 1 (To be completed by the prospective employer)

1. Title (Mr, Mrs, Ms, Miss, etc.)

Name of contact

Name of employer

Business address of employer

Postcode

Telephone number

Email address

Are the contact details different to the employers details? **Yes** **No**

If **Yes**, please enter details below.

Name of contact

Address of contact

Postcode

Telephone number

Email address

2. Nature of business

How long has the business been established?

3. How many Isle of Man Workers are already employed by you?

What percentage is this of your total workforce? %

Part 1 (continued) (To be completed by the prospective employer)

4. What is the job title and precise nature of the employment? (please note the term 'Director' is insufficient)

What is the salary or wage?

£	
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Per: hour week month year

Are there to be additional bonuses or tips etc.?

Yes No

If **Yes**, please give details of bonuses or tips.

What are the weekly hours of work? (e.g. 37.5)

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Is accommodation provided?

Yes No

If **Yes**, please give details including the charge made to the employee.

From what date is the employee required?

D	D	M	M	Y	Y	Y	Y
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How long is the employment expected to last? Day(s) Month(s) Year(s) Indefinite

5. Please give reasons for wishing to employ the person named in Part 2 and provide a copy of his/her CV and/or application form.

If the post is of particular importance, please give reasons why? *(Please continue on Page 6 if insufficient space)*

If you think the employment of this person may bring any special economic or social benefit to the Island, please give details of the nature of that benefit. *(Please continue on Page 6 if insufficient space)*

Part 1 (continued) (To be completed by the prospective employer)

6. Please give the following information about the steps taken to fill the vacancy.

Where was the employment advertised?
(please supply a copy of the advertisement as failure to do so may delay processing)

Empty text box for providing details on where the employment was advertised.

For how long was the employment advertised? [] weeks [] months

How many applications were received? []

How many Isle of Man Workers applied? []

Why were the Isle of Man Workers considered unable to carry out the employment?
(Please give details in each case and provide copies of their CVs and application form.)

Large empty text box for providing reasons why Isle of Man Workers were considered unable to carry out the employment.

7. For what period is the permit required?

From [D][D][M][M][Y][Y][Y][Y]

To [D][D][M][M][Y][Y][Y][Y]

8. Please outline the nature of any skills, experience, or specialist knowledge required for the employment.

Empty text box for outlining the nature of any skills, experience, or specialist knowledge required for the employment.

Part 1 (continued) (To be completed by the prospective employer)

9. Please complete the relevant boxes below otherwise it may delay the processing of your application.

Employer's Business Sector (please select 1 box only)

<input type="checkbox"/> (001) Agriculture, Forestry & Fishing	<input type="checkbox"/> (040) Ship Management	<input type="checkbox"/> (082) Accountancy Services
<input type="checkbox"/> (005) Manufacturing Food & Drink	<input type="checkbox"/> (045) Wholesale Distribution	<input type="checkbox"/> (083) Education/Teaching
<input type="checkbox"/> (010) Manufacturing Engineering	<input type="checkbox"/> (050) Retail Distribution	<input type="checkbox"/> (084) Medical & Health Services
<input type="checkbox"/> (021) Manufacturing Other	<input type="checkbox"/> (055) Insurance	<input type="checkbox"/> (085) Tourist Accommodation
<input type="checkbox"/> (022) Mining & Quarrying	<input type="checkbox"/> (060) Banking	<input type="checkbox"/> (086) Other Professional Services
<input type="checkbox"/> (025) Construction	<input type="checkbox"/> (065) Other Financial Institutions	<input type="checkbox"/> (087) Residential/Nursing Homes
<input type="checkbox"/> (031) Electricity	<input type="checkbox"/> (070) Property Owning/Management	<input type="checkbox"/> (091) Other Catering & Entertainment
<input type="checkbox"/> (032) Gas & Other Energy	<input type="checkbox"/> (075) Other Business Services	<input type="checkbox"/> (093) E-gaming
<input type="checkbox"/> (033) Water	<input type="checkbox"/> (076) Information Technology	<input type="checkbox"/> (095) Miscellaneous services
<input type="checkbox"/> (035) Transport & Communications	<input type="checkbox"/> (081) Legal Services	<input type="checkbox"/> (100) Public administration

Occupation of proposed worker (please select 1 box only)

<input type="checkbox"/> (1100) Management	<input type="checkbox"/> (5113) Gardener/Landscaper	<input type="checkbox"/> (6100) Nursing
<input type="checkbox"/> (1200) Other Professions	<input type="checkbox"/> (5119) Farming/Agriculture/Fisheries	<input type="checkbox"/> (6200) Hotel/Caterer/Bar Work
<input type="checkbox"/> (1253) Beauty	<input type="checkbox"/> (5215) Welder	<input type="checkbox"/> (7100) Retail/Sales/Wholesale/Buyer
<input type="checkbox"/> (2120) Engineering: Skilled	<input type="checkbox"/> (5230) Mechanic	<input type="checkbox"/> (7200) Customer Service Occupations
<input type="checkbox"/> (2130) IS/Telecommunications	<input type="checkbox"/> (5241) Electrician	<input type="checkbox"/> (8120) Groundwork/Plant Operator
<input type="checkbox"/> (2200) Healthcare	<input type="checkbox"/> (5312) Bricklayer	<input type="checkbox"/> (8130) Production/Assembly Operative
<input type="checkbox"/> (2300) Education/Teaching/Nursery	<input type="checkbox"/> (5313) Roofer	<input type="checkbox"/> (8211) Driver: HGV, PSV etc.
<input type="checkbox"/> (2400) Finance & Accountancy	<input type="checkbox"/> (5314) Plumber	<input type="checkbox"/> (8212) Driver: Other
<input type="checkbox"/> (3110) Scientific/Chemist	<input type="checkbox"/> (5315) Joiner	<input type="checkbox"/> (9120) Construction: Unskilled
<input type="checkbox"/> (3113) Engineering: Unskilled	<input type="checkbox"/> (5316) Glazier	<input type="checkbox"/> (9230) Cleaning Services
<input type="checkbox"/> (3130) Information Technology	<input type="checkbox"/> (5319) Construction: Other skilled	<input type="checkbox"/> (9270) Other elementary services occupations
<input type="checkbox"/> (3300) Protective Service Occupations	<input type="checkbox"/> (5321) Plasterer	<input type="checkbox"/> (9999) Not known
<input type="checkbox"/> (3400) Culture & Sport Occupations	<input type="checkbox"/> (5322) Flooring/Tiling	
<input type="checkbox"/> (3500) Consultant (Business/Legal)	<input type="checkbox"/> (5323) Painter & Decorator	
<input type="checkbox"/> (4100) Insurance/Banking Admin	<input type="checkbox"/> (5400) Textiles & Painting	
<input type="checkbox"/> (4200) Other Admin/Clerical	<input type="checkbox"/> (8141) Scaffolder	

Type of qualification required for the position (please select 1 box only)

<input type="checkbox"/> No qualifications	<input type="checkbox"/> Up to 4 GCSEs at A to C, NVQ1, GNVQ (Foundation)	<input type="checkbox"/> 5 GCSEs or more at A to C, NVQ2, GNVQ (Intermediate)
<input type="checkbox"/> A-levels, ONC, OND, full trade, NVQ3, GNVQ (Advanced)	<input type="checkbox"/> Degree, HNC, HND	<input type="checkbox"/> Post Graduate or Full Professional

Type of experience required for the position (please select 1 box only)

<input type="checkbox"/> None	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 3-5 years
<input type="checkbox"/> 6-10 years	<input type="checkbox"/> 10 years+	

Fair Processing Notice

Any personal data submitted will be processed for the purpose of determining this application for a Work Permit in accordance with the provisions of the Control of Employment legislation, including analysis for management purposes and statutory returns. As part of this process personal data may be disclosed to the Social Security and Income Tax Divisions of Treasury to confirm employment status and to the Immigration authorities to confirm workers Immigration status, and also to the Police to confirm unspent criminal convictions are outstanding. I understand that the Department of Economic Development will process any such information in accordance with the Data Protection Act 2002.

Notes

Any person who makes a false statement in order to obtain a permit is guilty of an offence for which he/she may be imprisoned for up to 6 months, or fined up to £7,500 or both. A permit may be revoked if the application is found to contain a false statement or to omit a material particular.

Declaration

I apply for a permit to employ the person named in Part 2 of the application and declare that to the best of my knowledge and belief the information I have given is true and complete. I undertake to inform the Department, if after the permit is granted, the person fails to commence employment or should they leave the employment following commencement, within 14 days. Should you wish to renew the permit you must complete and return the renewal portion on the permit not less than 1 month before the expiry date.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Print name

Work Permit Fees

An initial application for the grant of a work permit must be accompanied by a fee of **£60**. This fee is not refundable if your application is refused. If approved, this fee will cover permits issued for up to 1 year (or less if the application was for a short term permit).

If the application is for a work permit for a period of more than 1 year, an additional fee is payable as follows:

Period for which work permit is applied for	Additional fee
more than 1 year and up to 2 years	£60
more than 2 years and up to 3 years	£120
more than 3 years and up to 4 years	£180
more than 4 years and up to 5 years	£240

Credit/Debit Card Payment

Visa
 MasterCard
 Maestro
 Delta
 Switch
 Solo

Amount to be charged to my account **£**

Name on card

Card number

Start date

M	M	Y	Y
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Expiry date

M	M	Y	Y
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Security code (3 digits on signature strip) Issue number (Switch only)

Card billing address if different to the address of the person applying

Postcode

Payment by Account (by prior arrangement only)

Company name

Account number

Name of authorising person

Other Payment Methods

Cash should not be sent through the post, however, payment can be made in person at the public counter within the JobCentre, Prospect Hill, Douglas. Cheques should be made payable to **'Isle of Man Government'**.

Part 2 (To be completed by the prospective employee)

1. Title (Mr, Mrs, Ms, Miss, etc.)

Gender Male Female

Surname

First names

Previous name(s) (if any)

Email address

Telephone number

2. Date of birth

Town of birth

Country of birth

UK/EEA Citizen? Yes No

Nationality

(If born outside the United Kingdom or the EEA please supply a copy of your passport and Visa if applicable)

If a non EEA National, do you have leave to enter and remain in the Island as defined within the Immigration Act, and are you permitted to work in the Island under that Act? Yes No

3. Is English your first language? Yes No

If **No**, do you speak: Little or no English Conversational English Fluent English

Please give details of your proficiency in English including any appropriate qualifications.

4. Address in the Isle of Man

Postcode

5. Last address outside the Isle of Man (and normal home address if different)

Postcode

6. Date of arrival in the Isle of Man

7. National Insurance Number - - - -

8. Are you: Single Married In a Civil Partnership Co-habiting

9. Do you have any family living on the Island (including spouse or civil partner)? Yes No

If **Yes**, please give details (Please continue on Page 12 if insufficient space)

Part 2 (continued) (To be completed by the prospective employee)

10. If you are under 18 years old are you living with your parents in the Isle of Man? **Yes** **No**

If **Yes**, please give their names and address:

Names															
Address															
	Postcode														

11. Do you have Income Tax or National Insurance arrears? **Yes** **No**

If **Yes**, please provide full details on Page 12.

12. Have you any criminal convictions in the Isle of Man or elsewhere (excluding a conviction in the United Kingdom or the Isle of Man for a road traffic offence for which disqualification was not ordered and not more than three penalty points were imposed)? **Yes** **No**

A conviction which is treated as 'spent' under the provisions of the Island's Rehabilitation of Offenders Act 2001, need not be disclosed in answer to this question. If in doubt refer to section 19, page 10.

If **Yes**:

What was the offence?

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When did it occur?

D	D	M	M	Y	Y	Y	Y
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Where did it occur?

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What was the penalty?

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(Please continue on page 12 if there is insufficient space)

13. Do you intend to work as a craftsman or craftswoman in the building industry? **Yes** **No**

If **Yes**, are you included on the Register of Craftsmen and Craftswomen? **Yes** **No**
(see notes on page 6)

If **Yes**, please give your registration number

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If **No**, do you hold another form of industry recognised skills card? **Yes** **No**

If **Yes**, please give details and supply a photocopy of your card *(Please continue on Page 12 if insufficient space)*

Part 2 (continued) (To be completed by the prospective employee)

14. Please give details of your employment in the last **10 years**, including periods of sickness, unemployment and education longer than 6 months. (Please give in reverse order, continuing on page 12 if necessary)

Employer	Place of employment	Occupation (or business)	From (year)	To (year)
			Y Y Y Y	Y Y Y Y
			Y Y Y Y	Y Y Y Y
			Y Y Y Y	Y Y Y Y
			Y Y Y Y	Y Y Y Y

15. Have you previously been issued with a work permit? **Yes** **No**

If **Yes**, give details of the date(s) of issue and work permit number(s) (Please continue on Page 12 if insufficient space)

16. Do you have any problems with your health? **Yes** **No**

If **Yes**, give details of any health problems and what treatment you receive (Please continue on Page 12 if insufficient space)

17. What are your cost of living expenses? £ Per annum / Month / Week (delete as appropriate)

Please give details of how you will meet these (Please continue on Page 12 if insufficient space)

Family Members (or other relevant persons) living with you as part of your household

18. Does a family member (or other relevant person) intend to live with you on the Island? **Yes** **No**

If **Yes**, please complete form **CEA(fam)** to provide relevant details and submit at the same time as this application form. You will need to complete an additional form for each family member or relevant person.

To assist in processing your application, please indicate how many **CEA(fam)** forms you will be returning:

No. of forms

Forms are available from the Work Permit Office, or via our website:
<https://www.gov.im/categories/working-in-the-isle-of-man/work-permits/>

Part 2 (continued) (To be completed by the prospective employee)**19. Rehabilitation of Offenders**

Have you read and understood the information below on the Rehabilitation of Offenders Act 2001? **(You must answer Yes or No)**

Yes No

The Rehabilitation of Offenders Act 2001 allows certain convicted persons who have not been reconvicted after certain lengths of time, to consider their convictions 'spent'. The following paragraphs briefly summarise this legislation.

The Act enables individuals (except those who are exempt by virtue of the Rehabilitation of Offenders Act 2001 (Exceptions) Order 2001), to refrain from disclosing details of convictions **unless**;

- it involved a custodial sentence for a term exceeding 30 months or for 'Life', or
- it was a sentence of detention during Her Majesty's Pleasure, in relation to young offenders.

Otherwise, those convicted at the age of 17 years or over may consider as spent the following convictions after the following periods of time:

Sentence	Rehabilitation period
A sentence of custody for a term not exceeding 6 months.	7 Years
A sentence of custody for a term exceeding 6 months but not exceeding 12 months.	8 Years
A sentence of custody for a term exceeding 12 months but not exceeding 18 months.	9 Years
A sentence of custody for a term exceeding 18 months but not exceeding 30 months.	10 Years
A fine or any other sentence subject to rehabilitation under the Act, except a conditional discharge, a probation order, a curfew order, an attendance centre order, a reparation order, a Court bindover, a care order or a supervision order.	5 Years
An Absolute Discharge. Where the conviction imposed any disqualification, disability, prohibition or other time limited penalty.	6 months from the date of the conviction to the date it ceases to have effect.
A Conditional Discharge. A Recognisance to Keep the Peace, or be of Good Behaviour. A Probation Order. A Curfew Order. An Attendance Centre Order. A Reparation Order.	1 Year from the date of conviction, or a period beginning with that date and ending when the sentence ceases or ceased to have effect (whichever is the longer).
Hospital Order.	5 years from the date of conviction or 2 years from the end of the hospital order (whichever is the longer).

(Rehabilitation periods for persons under the age of 17 at the time of their conviction will generally be half of those specified above)

Declaring convictions does not automatically exclude applicants from gaining a Work Permit. Each case is considered on its merits.

Note

The above summary should not be regarded as a complete or authoritative statement of the;

- Rehabilitation of Offenders Act 2001, and
- Rehabilitation of Offenders Act 2001 (Exceptions) Order 2001, and
- Rehabilitation of Offenders Act 2001 (Exceptions) (Amendment) Order 2005.

In case of doubt, you should seek your own legal advice.

