Isle of Man Government
Reiltys Ellan Vannin

Department for Enterprise
Rheynn Gastid Dellal

Application for a Work Permit for Self-employment

Control of Employment Act 2014

Form CEA4

Please complete in BLOCK CAPITALS and in black ink.

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

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. This may include evidence of work already secured, or expressions of interest in your goods and services. You are encouraged to make as strong a case as possible with your initial application as, in the event of refusal, the scope for appeals is limited.

Details of applicant

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

Gender — Male ☐ Female ☐ Other (state) ☐

Surname

First names

Previous name(s) (if any)

Email address

Telephone number

2. Date of birth — D D M M Y Y Y Y

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

Details of applicant (continued)

5. Last address outside the Isle of Man
(or current home address)

Postcode

6. Date of arrival in the Isle of Man D D M M Y Y Y Y

7. National Insurance Number L L - N N - N N - N N - L

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

9. Do you have any criminal convictions, in the Isle of Man or elsewhere, which are not considered spent for the purposes of the proposed employment? **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, please, refer to the guidance for further information.

If **Yes**:

What was the offence?

When did it occur? D D M M Y Y Y Y

Where did it occur?

What was the penalty?

(*Please continue on Page 6 if insufficient space)*

10. Are you an undischarged bankrupt? **Yes** ☐ **No** ☐

If **Yes**, please provide full details on Page 6.

11. 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 4)

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

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 76if insufficient space)*

Family Members (or other relevant persons) living as part of the employee's household

12. Will any family members (or other relevant persons) be living with, or likely to live with, you as part of your household? **Yes** ☐ **No** ☐

If **YES,** please give details of: Number of relevant persons: **No.** ☐

Age(s) of relevant persons: **Age** ☐ **Age** ☐

(*Please continue on Page 6 if insufficient space)* **Age** ☐ **Age** ☐

Age ☐ **Age** ☐

Details of the proposed Self-employment

13. What is the nature of your proposed business?

What is the business name (if any)?

What is the business address?

Postcode

14. What specific work do you intend to carry out?

15. If you believe your employment may bring any special economic or social benefit to the Island, please give details of the nature of that benefit.

16. Please provide details of the financial structure of the business. *(A copy of your business plan should accompany this application)*

17. Is this a new, or existing business? **New** ☐ **Existing** ☐

If this is an existing business when did you acquire it? D D M M Y Y Y Y

18. If the business is to undertake sub-contract work on a construction project, please state the name and contact details of the main contractor, details of the project and start and finish dates of the contract.

19. What date will the self-employment commence? D D M M Y Y Y Y

20. For what period is the permit required? *(Permits can be approved for periods of up to 5 years for the same fee)*

☐ 1 Year ☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years ☐ Other

If 'Other' please confirm the period required to be covered by the permit.

From D D M M Y Y Y Y To D D M M Y Y Y Y

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

Details of the proposed Self-employment (continued)

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

Type of business (please select 1 box only)

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

Type of occupation (please select 1 box only)

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

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

- ☐ No qualifications
- ☐ Up to 4 GCSEs at A to C, NVQ1, GNVQ (Foundation)
- ☐ 5 GCSEs or more at A to C, NVQ2, GNVQ (Intermediate)
- ☐ A-levels, ONC, OND, full trade, NVQ3, GNVQ (Advanced)
- ☐ Degree, HNC, HND
- ☐ Post Graduate or Full Professional

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

- ☐ None
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ 6-10 years
- ☐ 10 years+

Notes

Work permits are not normally granted in respect of craftsmen or craftswomen in the building industry who are not registered under the **Register of Craftsmen and Craftswomen** or do not hold another form of industry recognised 'Skills Card'. Further details can be obtained from Work Permits on (01624) 682393, or our website: https://www.gov.im/categories/business-and-industries/construction/register-of-craftsmen-and-craftswomen/

Any person who makes a false statement in order to obtain a permit is guilty of an offence for which he or 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.

Income Support is not normally payable to non Isle of Man Workers.

23. Rehabilitation of Offenders

Yes ☐ **No** ☐

Have you have read and understood the information below.

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 form 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.

Declaration

I declare that to the best of my knowledge and belief the information I have given is true and complete and I understand that if this declaration or any of the particulars given by me are found to be false, I am liable to prosecution. I also understand that a permit if granted is only for the self-employment specified and I undertake to inform the Department when the employment ceases, or if I wish to renew the permit I must complete and return the renewal page of the permit 1 month before the expiry date.

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 for Enterprise will process any such information in accordance with the Data Protection Act 2002.

Signature

Date D D M M Y Y Y Y

Print name

Work Permit Fee

An application for a work permit must be accompanied by a fee of **£60**. This fee is not refundable if your application is refused.

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 Expiry date M M Y Y

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

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

Postcode

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'**.

Additional information

Please use this page to give any additional information. Continue on additional paper if necessary.