 *OFFICIAL USE ONLY: REFERENCE NUMBER*

 IMMIGRATION ORDINANCE 1999, section 17E

 IMMIGRATION (GENERAL) REGULATIONS 2021, regulation 15

 **APPLICATION FOR VOLUNTEER PERMIT** (including extensions)

**Please take care when completing this form and only provide information that is complete and accurate**

1. PERSONAL DETAILS

|  |  |
| --- | --- |
| **Surname(s)** |       |
| **Previous name(s)**  |       |
| **Forename(s)**  |       |

|  |  |  |
| --- | --- | --- |
| **Gender** | Male [ ]  | Female [ ]  |

|  |  |  |
| --- | --- | --- |
| **Marital Status** |       |  |
| **Date of Birth** |       |  |
| **Place of Birth** |       |  |
| **Current Address** |       |
| **How long in current address** |       |
| **Previous address (if less than 12 months)** |       |
| **Email** |       | **Telephone** |       |
| **Nationality** |       |  |
| **Other Nationalities held** |       |
| **Countries lived in for 12 months or more in the last 5 years:** |       |

1. PASSPORT DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
|  **Passport Number** |       | **Place of Issue** |       |
|  **Date of Issue** |       | **Date of Expiry** |       |

1. PERMIT DETAILS

|  |  |
| --- | --- |
| **Intended date of arrival (if not extension)** |       |

|  |  |
| --- | --- |
| **Name of Sponsor**  |       |
| **Address of Sponsor**  |       |
| **Job Title / duties**  |       |
| **Volunteering dates(maximum 12 months)** | **Start Date:** |       | **End Date:** |       |

 **For Permit Extensions**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current permit no** |       | **Your ID no** |       |
| **Permit valid from** |       | **Valid to** |       |
| **Has there been any changes to your volunteering role?** | **Yes** **[ ]**  | **No** **[ ]**  |

 **If ‘yes’ give details below –**

|  |
| --- |
|       |

**Note: If your volunteering role has changed significantly a new Volunteering Permit
application may be required**

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| --- |
| **Medical self-declaration completed and medical insurance held** (see guidance notes below) |
|  | **Yes** **[ ]**  | **No** **[ ]**  |  |

 **What accommodation arrangements have been made for you?** Please detail the address, how long is it available for, who has arranged it, who will be paying for it, whether it is shared or single accommodation .etc.

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|       |

1. GUIDANCE NOTES
* For the purposes of Falkland Islands immigration procedures you must declare **ALL** criminal convictions, whether or not they are considered to be spent by the laws of the country in which you were convicted, cautions and fixed penalty notices.
* A declaration of criminal convictions, cautions and fixed penalty notices will not necessarily mean that your application will be refused, but it is a requirement that they be taken into consideration
* Any material misrepresentation in this form may render you liable to prosecution in the Falkland Islands. It could also mean that any permit issued will be revoked and that you will need to leave the Falkland Islands
* It is an offence to take employment or engage in any trade, business, profession or vocation without the correct permit or without having permission to do so
* A Volunteer Permit can only be issued or extended to a maximum of 12 months in a 24 month period
* An application fee of £23.00 will be charged for each applicant. No fee will be charged for an extension of an existing permit. All applications should be submitted via email to permits@customs.gov.fk
* Original documents must be ready on request. All queries can be sent to the above email address. We aim to process complete applications within eight working days. Incomplete or non-straightforward applications are likely to result in slower determinations

**Medical**

* You must be in possession of a Medical Declaration certified by the King Edward Memorial Hospital. If extending your volunteer permit your medical declaration must continue to be valid

You must also hold a medical insurance certificate valid for the duration of the volunteering and provide this certificate on application. Medical insurance must cover aero-medical evacuation to a minimum value of US$ 2,000,000. **If your insurance cover is not valid or maintained or the insurer subsequently refuses to accept liability for any reason, the Falkland Islands Government is not liable for any medical treatment or related medical services you may incur**

**Criminal Record Checks**

* It is important to ensure that you hold the correct valid Police checks. If your Volunteer permit is valid for less than a duration of 150 days (5 months) you do not have to submit checks. However, if you wish your permit to be for 5 months or longer you will require:
* an approved Police Vetting Certificate from your country of residence

**You must evidence both medical and criminal record checks requirements at the point of application.**

1. DECLARATION

**If you fail to provide complete and accurate information or if you provide information that is false then you may commit a criminal offence for which you can be fined or sent to prison**

###### I understand the questions on this form and confirm that the information provided is true and correct

* I undertake that if, between the time that I make this application and the time it is decided, any relevant matter relating to the application changes, I will inform Falkland Islands Customs and Immigration
* I understand that the Falkland Islands works to maintain a drugs-free environment and that if I am convicted of a drugs-related offence whilst in the Islands it may lead to the revocation of any permit granted on this application and my deportation from the Falkland Islands
* I understand that I am required to declare **ALL** criminal offences whether spent or not, cautions and fixed penalty notices, and that failure to do so may lead to the revocation of any permit granted on this application and my deportation from the Falkland Islands

**APPLICANT DECLARATION:**

|  |  |  |
| --- | --- | --- |
| **Have you ever been convicted of *any* criminal offence?** | **Yes [ ]**  | **No** **[ ]**  |

*You must answer ‘yes’ even if the conviction is considered to be spent or rehabilitated*

If ‘yes’ please provide details below of your criminal convictions, including the nature and the date of the conviction.

|  |
| --- |
| **Dates(s)**      **Conviction(s)**      **Penalties**       |

|  |  |  |
| --- | --- | --- |
| **Have you ever received a caution or a fixed penalty notice?**  | **Yes [ ]**  | **No [ ]**  |

*You must answer ‘yes’ regardless of the date of the caution or fixed penalty notice, and whether or not the fixed penalty notice was paid*

If ‘yes’ please provide details below of your cautions or fixed penalty notices, including the offence for which the caution or fixed penalty notice was issued and the date issued.

|  |
| --- |
| **Dates(s)**      **Caution(s)/Fixed penalty notice(s)**      **Result(s)**       |
| **Have you ever been deported, removed, required to leave, had a permit revoked, or refused entry to *any* country?**  | **Yes [ ]**  | **No [ ]**  |
| If ‘yes’ please provide details below |
|       |

|  |  |  |
| --- | --- | --- |
| **Have you *ever* suffered from any dangerous contagious disease?**  | **Yes [ ]**  | **No [ ]**  |
| If ‘yes’ please provide details below |
|       |

**Now finish the application by adding your name and the date below -**

**I have read and understood the above declaration and it is correct**

|  |  |
| --- | --- |
| **Name in full** |       |
| **Date** |       |  |  |

**CHECK LIST**

Tick if appropriate

|  |  |
| --- | --- |
| **Copy of passport** | **[ ]**  |
| **Criminal record checks (if relevant)** | **[ ]**  |
| **Medical declaration and insurance** | **[ ]**  |