

# ATYPICAL WORKING SCHEME

## APPLICATION FORM

(This form may be completed by (i) the applicant or (ii) an Authorised Legal Representative who must submit a Letter of Authorisation signed by the Applicant with this form)

Before completing this form please read the Guidelines which are available on our website: [www.inis.gov.ie](http://www.inis.gov.ie)

### Part 1 - About the Applicant

(a) **Personal Details (all Applicants)**

*Other Details:*

(b) **Service Providers / Employees– current occupation and business activities**

(c) **3<sup>rd</sup> Level Students (full time) studying outside the State - short term employment / internship / job placement**  
*(Does not include medical internship or unwaged internship/job placements)*

(d) **Locum Doctors**

(e) **Nursing Clinical Adaptation Process**

### Part 2 - Proposed Employment / Provision of Service

(a) **Details of Irish based Host Body**

(b) **Contract**

### Part 3 - Declaration

#### *Appendix*

(a) *List of supporting documentation to be submitted with Application Form*

(b) *List of supporting documentation required when seeking entry to the State*

**PART 1**

**APPLICANT**

**(a) PERSONAL DETAILS (all Applicants)**

<b>NAME as on Passport</b> (block capitals)	<b>Forename(s)</b> _____ <b>Surname</b> _____
<b>DATE OF BIRTH</b> (day/month/year)	□ □ / □ □ / □ □ □ □
<b>GENDER</b>	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
<b>NATIONALITY</b>	
<b>PLACE AND COUNTRY OF BIRTH</b>	
<b>PASSPORT</b>	<b>Passport Number</b> _____ <b>Date of Issue</b> □ □ / □ □ / □ □ □ □ <b>Expiry Date</b> □ □ / □ □ / □ □ □ □ <b>Place of Issue</b> _____
<b>CURRENT RESIDENTIAL ADDRESS</b> (block capitals)	
<b>CONTACT EMAIL ADDRESS</b>	
<b>IMMIGRATION DETAILS</b>	
<b>1.</b> Do you already have a Department of Justice and Equality identification number?	<b>YES</b> <input type="checkbox"/> (please state reference number) <b>NO</b> <input type="checkbox"/>
<b>2.</b> Are you lawfully resident in a country <u>outside</u> your country of origin?	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> (please state expiry date of immigration / residence permission) □ □ / □ □ / □ □ □ □

**(b) SERVICE PROVIDERS / EMPLOYEES - CURRENT OCCUPATION AND BUSINESS DETAILS**

(Please describe your current occupation or business activity, your position with your employer and your duties. Where you are self-employed please give details of your business)

<b>CURRENT EMPLOYER / BUSINESS NAME AND ADDRESS</b> (i.e. sending body)	<b>CURRENT OCCUPATION / POSITION WITH EMPLOYER OR BUSINESS</b>	<b>CURRENT JOB DESCRIPTION</b>
<b>CONTACT DETAILS OF EMPLOYER</b>	<b>Contact Name:</b> _____ <b>Phone:</b> _____ <b>Email address:</b> _____	
<b>CURRENT REMUNERATION/ SALARY (€ equivalent)</b>	<b>Gross Annual Remuneration/Salary €.....</b>	

**(c) 3<sup>rd</sup> LEVEL STUDENTS (full time) STUDYING OUTSIDE THE STATE – WAGED SHORT TERM EMPLOYMENT/INTERNSHIP/JOB PLACEMENT**

*Note - medical internships and unwaged internships/job placements not included in this Scheme.*

<b>CURRENT PROGRAMME OF STUDY –</b>	
(i) Name of Academic Institution	(i) _____
(ii) Title of Course	(ii) _____
(iii) Year expected to graduate	(iii) _____
<b>PLEASE INDICATE WHETHER BENEFICIAL OR INTEGRAL TO COURSE AND STATE REASONS:</b>	
<b>BENEFICIAL</b> (15-90 days only permitted) <b>REASONS:</b>	
<b>INTEGRAL/NECESSARY</b> (where duration of contract exceeds 90 days and wage paid by academic institution -otherwise contact the Department of Jobs, Enterprise and Innovation) <b>REASONS:</b>	

**(d) LOCUM DOCTORS**

(Engaged by an Agency and not paid directly by a Hospital /Health Facility)

<b>CURRENT MEDICAL COUNCIL OF IRELAND REGISTRATION NUMBER:</b> _____
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**(e) NURSES UNDERTAKING CLINICAL ADAPTATION PROCESS**

<b>NURSING AND MIDWIFERY BOARD OF IRELAND REFERENCE NUMBER:</b> _____
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**PART 2**

**EMPLOYMENT / SERVICE TO BE PROVIDED**

**(a) DETAILS OF IRISH BASED HOST BODY**

*(Note: Locum Doctors – name of Agency)*

<b>NAME AND ADDRESS OF IRISH BASED HOST BODY</b>	
<b>CONTACT PERSON WITHIN THE IRISH BASED HOST BODY</b>	<b>Name:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____
<b>NATURE OF BUSINESS OF IRISH BASED HOST BODY</b>	

**(b) CONTRACT**

<b>JOB TITLE</b>	
<b>DESCRIPTION OF WORK TO BE UNDERTAKEN</b>	
<b>DATES/DURATION OF CONTRACT</b>	<b>From</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <b>To</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
<b>LOCATION OF EMPLOYMENT</b>	
<b>EXPECTED PATTERN OF TRAVEL</b> - Please provide as much detail as possible. - <b>Intermittent Travel</b> (several entries/exits over period of contract) – please see Atypical Working Scheme Guidelines on <a href="http://www.inis.gov.ie">www.inis.gov.ie</a> before making application.	
<b>REMUNERATION / SALARY –</b> <b>(i) Paid from abroad</b>  <b>(ii) Paid from within the State</b>  <b>(iii) Remuneration</b>  <b>(iv) Are benefits in kind included in Contract?</b> e.g. accommodation	<b>(i) YES</b> <input type="checkbox"/> (please give name of payer) <b>NO</b> <input type="checkbox"/> _____  <b>(ii) YES</b> <input type="checkbox"/> (please give name of payer) <b>NO</b> <input type="checkbox"/> _____  <b>(iii) €</b> _____ (gross per week equivalent)  <b>(iv) YES</b> <input type="checkbox"/> (please list) <b>NO</b> <input type="checkbox"/>

**PART 3**

**DECLARATION**

- 1. A party to this application who signs below is declaring that:**
  - all information contained in the application is correct at the date of signing;
  - he/she understands and agrees to abide by the arrangements as stated.
- 2. A non-refundable application fee of €250 must be made by EFT to the Department of Justice & Equality. Please ensure the full amount of €250 is submitted as otherwise the application cannot be processed. Print the applicant's passport number prominently on the lodgement in both 'by order of' and 'details of payment' and provide a copy of the transaction with your application.**

BIC:	BOFIE2D
IBAN:	IE65 BOFI 9000 1782 4921 91
Name of Account	Department of Justice and Equality
Bank name	Bank of Ireland
Bank address	2 College Green, Dublin 2, D02 VR66

*Further details regarding EFT are on the INIS website.*

The full application should be forwarded to  
– Atypical Working Scheme Division  
Irish Naturalisation and Immigration Service  
13/14 Burgh Quay  
Dublin 2, D02 XK70 Ireland

- 3. To be completed in block capitals by the Applicant or Authorised Legal Representative:**  
(if completed and signed by an Authorised Legal Representative, a Letter of Authorisation signed by the applicant must be submitted with this form)

**Name of person completing the form:** \_\_\_\_\_

**Address of person completing the form):** \_\_\_\_\_

\_\_\_\_\_

- 4. Signature of person completing the form:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Authorised Legal Representative** – Please tick here  to indicate that you are satisfied to have made this declaration on behalf of the Applicant. Failure to do so will result in the Application Form being returned.

**Data Protection and Freedom of Information**

**The Department of Justice and Equality will treat all information and personal data as confidential. It will only be disclosed to other persons or bodies in accordance with the law.**

## Appendix

### (a) MAKING AN APPLICATION

The following documentation should be submitted with the Application Form **and proof of payment** -

#### **Employees/Self Employed Service Providers:**

- Letter from the Irish based host body confirming offer of employment/request for provision of services, outlining job description and the duration of the contract.
- Where applicable, a letter of support from any State-involved Agency such as the IDA or Enterprise Ireland.
- Where applicable, a Letter of Authorisation signed by the Applicant if form completed and signed by an Authorised Legal Representative
- Copy of biographical page of the Applicant's Passport

#### **Full Time Students studying abroad (waged internships/short term employment contract - excluding medical internships):**

- Letter from Irish based host body confirming offer of internship/short term employment contract, outlining job description and the duration of the contract.
- Letter from the academic institution confirming that the internship is a beneficial/integral part of the Degree Course being undertaken.
- Where applicable, a Letter of Authorisation signed by the Applicant if form completed and signed by an Authorised Legal Representative
- Copy of biographical page of the Applicant's Passport

#### **Locum Doctors:**

- Evidence of registration with the Medical Council of Ireland
- Letter confirming offer of employment from the Irish based host body, outlining job description and the duration of the contract.
- Where applicable, a Letter of Authorisation signed by the Applicant if form completed and signed by an Authorised Legal Representative
- Copy of biographical page of the Applicant's Passport

#### **Nurses undertaking Clinical Adaptation Process**

- Letter from the Irish based host body confirming offer of employment, outlining job description and the duration of the contract
- Letter issued by NMBI confirming acceptance to Clinical Adaptation Process
- Letter from Overseas Nurse Facilitator confirming commencement date of Clinical Adaptation
- Where applicable, a Letter of Authorisation signed by the Applicant if form completed and signed by an Authorised Legal Representative
- Copy of biographical page of the Applicant's Passport

### (b) SEEKING ENTRY TO THE STATE

The following documentation should be available for inspection by Immigration Officers at the port of entry to the State -

1. Passport (including valid entry visa for persons from visa-required countries)
2. Letter of Approval from the Irish Naturalisation and Immigration Service
3. Details of accommodation
4. Evidence of Medical Insurance
5. Return travel ticket (where applicable)