



GOVERNMENT OF THE FIJI ISLANDS

IMMIGRATION DEPARTMENT

Photographs

Attach two copies of a recent passport-sized photograph for each applicant. The reverse of each should be certified by an adult as being a correct likeness.

APPLICATION FOR A PERMIT TO WORK

IMPORTANT NOTES

PLEASE READ THESE NOTES BEFORE COMPLETING THE FORM

1. This form must be completed fully. We are under no obligation to request further information from you. Your application will be considered on the basis of the information submitted at the time of lodgment.
2. One form should be completed by each applicant. However, where a family is applying for permits at the same time as the principal applicant, the other spouse and their children under 18 years of age may be included on the same form. The only occasion where children under 18 years complete a separate form is when they enter the Fiji Islands separately from the family and their permits were not applied for at the same time.
3. Where proof of qualifications and financial status are required, attested copies may be submitted but the Department reserves the right to call for original documents.
4. Appropriate fees, which are not refundable, must be submitted with the application.
5. Permits are normally issued for a period not greater than 3 years in the first instance.
6. Dates should be shown in the form: Day/Month/Year, e.g. 28/09/2001.
7. Copies of marriage certificate (if appropriate) should be attached with all children's' birth certificates if permits are required for them.
8. Police Reports in respect of the applicant and his/her spouse from their countries of citizenship or residency must be submitted if they have lived there for 12 months or more in the last 10 years.
9. Medical reports, which are less than 3 months old, must be submitted by the applicant and members of his/her family who are applying for permits. The Department's medical report form must be used for this purpose.
10. **Section 25 to 28 on page 5 is not applicable to Qualified Employers (QE).**

PART I: PERSONAL DETAILS OF THE APPLICANT

1. Name as shown on the passport:

Surname/family name	Given names

2. Preferred title: Mr Mrs Ms Miss Other

3. Gender: Male Female

4. Date of Birth:

day	month	year

5. Nationality:

6. Passport Number:

7. Addresses:

Permanent Residential Address	Postal Address

8. Marital status: Please tick box.

Married Never married De-facto partnership Separated
Engaged Widowed Divorced

9. If in a relationship, give details of spouse/partner and all children under the age of 18 years who are applying for permits:

Full names (surname first)	Date of birth	Country of birth	Sex	Relationship

10. If you are already in the Fiji Islands, please prove the following information:

Date of Entry	Port of Entry	Type of Permit	Permit Expiry Date

11. Have you previously spent any time in Fiji? YES NO. If yes, please provide the following information:

From	To	Type of Permit Held	From	To	Type of Permit Held

12. Residential addresses of the applicant and spouse where they lived for 12 months or more in the last 10 years:

Applicant	Spouse
Dates: Address:	Dates: Address:
Dates: Address:	Dates: Address:
Dates: Address:	Dates: Address:

13. Have you ever been convicted of a criminal offence? YES NO. If yes, give details:

Date	Offence	Sentence

14. Intended residential and postal addresses in the Fiji Islands:

Residential	Postal

PART II: TO BE COMPLETED BY THE EMPLOYER

15. Name of Employer:

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16. Address of Employer:

17. Nature of Business:

18. Position of Employee:

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19. Duties of this position:

(attach a signed contract of employment)

20. Number of persons employed/to be employed and their positions in the organisation:

Number of local employees	Positions	Number of expatriate employees	Positions

21. Is this a new position? Yes No If no, please provide details of who has been doing the work of this position until now.

22. What qualifications and experience are required for the position?

23. What qualifications does the applicant have?

24. Give reasons why this position cannot be filled by a citizen of the Fiji Islands:

25. This position needs to be advertised, therefore please attach copies of all advertisements in the Fiji Islands for the vacancy: (Not Applicable to QE).

Newspaper	Issue Date	Number of Applicants	Result

26. Give reasons why the local applicants were not suitable: (Not Applicable to QE).

27. What type of training does the organisation intend to do to fill this position by a local person? (Not Applicable to QE).

28. Give the name(s) and position(s) of the person(s) to be trained: (Not Applicable to QE).

Names	Positions

PART III: *TO BE COMPLETED IF THE APPLICANT IS AN INVESTOR.*

29. Name of business:

30. Name of the shareholders in the business:

Name(s)	Shareholding (%)	Monetary Value (F\$)

31. Date of commencement of business:

PART IV: EMPLOYEE'S DECLARATION

- 1. I agree to comply with the terms and conditions stated in the permit to work
- 2. I realise that I shall not be able to undertake employment in the Fiji Islands unless I first secure an appropriate permit to work from the Director of Immigration.
- 3. I certify that all information on this application is true to the best of my knowledge and belief.

Signature of Applicant: Signature of Witness:

Name in Full:

Address:

.....

Date: Date:

PART V: EMPLOYER'S DECLARATION

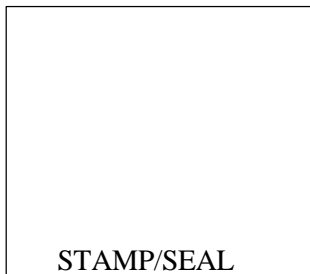
- 1. We agree to comply with all the requirements in this form and to submit all the Documents requested, therein.
- 2. We agree to comply fully with the terms and conditions of the permit to employ that may be issued as a result of this application.
- 3. We fully indemnify the Government of the Fiji Islands against any expense in connection with the presence in or removal from the Fiji Islands of (employee's name) and all members of his/her family who may be issued with permits by virtue of their relationship to the applicant.
- 4. We certify that in the opinion of the employer, based on the current availability of the skills in Fiji, the services to be performed by the applicant cannot currently be sourced and provided by a citizen of Fiji.
- 5. We certify that all the above information is true to the best of our knowledge and belief.

Signed: Date:

Name in Full:

Position in Organisation:

Company Stamp/Seal:



PART VI: POLICE REPORT

(Section A of this part should be completed by the applicant and forwarded to the police in his country of domicile)

SECTION A

Name:

Date of birth: Place of birth:

Nationality: Occupation:

Marital Status:Passport No: Date and place of issue

Present Address:

Addresses of places where I have resided for 12 months or more in the last ten years: (If additional space is required please use a separate sheet of paper).

1.		2.	
From	To	From	To

1.		2.	
From	To	From	To

1.		2.	
From	To	From	To

1.		2.	
From	To	From	To

SECTION B

I hereby authorize the Police to carry out my record check and forward the report to the Director of Immigration, P. O. Box 2224, Government Buildings, Suva, Fiji Islands.

Date:

Signature of the applicant:



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IMMIGRATION DEPARTMENT

MEDICAL REPORT FORM

Photographs

Attach two copies of a recent passport-sized photograph for each applicant. The reverse of each should be certified by an adult as being a correct likeness.

IMPORTANT NOTES

1. This medical certificate form must be completed in English by a Registered Medical Practitioner for each person applying to stay in the Fiji Islands for more than 6 months.
2. This certificate must be under 3 months old at the time of lodgement.
3. Each applicant must produce evidence of identification, such as passport, to the Medical Examiner.
4. Fees for the medical examination are payable by the applicant or their sponsor.

PART VII. PERSONAL DETAILS OF THE APPLICANT

1. Name(s) as shown in the passport:

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(Surname)

(Given names)

2. Full residential address:

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3. Gender: Male Female

4. Date of birth:

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day month year

5. Nationality as on passport:

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6. Passport number:

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7. Give reasons why you need to do this medical examination:

SECTION A: APPLICANT'S MEDICAL RECORDS

1. Has the applicant ever been hospitalised or undergone surgery of any kind: Yes No
2. Has the applicant ever been refused employment, insurance, military service or entry to another Country on medical grounds: Yes No
3. Does the applicant have any history of dependency on drugs, alcohol or other controlled substances: Yes No
4. Has the applicant or any member of his/her family ever suffered from any mental disorder, fits or epilepsy: Yes No
5. Has the applicant ever suffered from the HIV/AIDS syndrome or any other sexually transmitted disease: Yes No

If Yes to any of the above, please give details and dates:

SECTION B: EXAMINATION RESULTS

1. Heart:

2. Lungs:

3. Kidney:

4. Liver:

5. HIV and STD Tests:

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6. X-ray:

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7. Other observations found not normal e.g. diabetic, high blood pressure, pregnancy, etc.

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PART VIII: APPLICANT'S DECLARATION

1. I declare that the details given by me on this form to the medical examiner are true and correct in respect.
2. I agree that I will undergo, at my expense, any further medical examinations that may be required by the Immigration Department.
3. I authorize that the medical examiner who completes this form to release to Immigration Department, or its medical consultants, any information acquired with regard to this examination.

SIGNATURE OF APPLICANT:

SIGNATURE OF EXAMINER AS WITNESS:

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.....

DATE:

DATE:

PART IX : MEDICAL EXAMINER'S DECLARATION

1. I have confirmed the identity of the applicant from his/her passport, identification papers and appearance.
2. I am satisfied that the particulars submitted by the applicant are true and correct.
3. The statements made by me in answer to all questions in this form are true to the best of my knowledge and belief.
4. I agree that all the information contained in this form is for the use of the Immigration Department and/or its medical consultants and shall not be released to anyone else.
5. I certify that the applicant is medically fit/not medically fit to work/reside/study in Fiji.

SIGNATURE OF MEDICAL EXAMINER:

DATE:

COMPANY STAMP/SEAL:

