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 lodgement.

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 21 years of age may be included on the same form. The only occasion where children under 21 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. Police report(s) is also required in respect of any child intending to enter a tertiary institution in the Fiji Islands.

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.

Please send the application with all the documents and fees to:

The Director
Immigration Department
Civic Towers
Victoria Parade
P.O.Box 2224
Government Buildings
Suva, Fiji Islands

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.
PART I: PERSONAL DETAILS OF THE APPLICANT

1. Name as shown on the passport:

<table>
<thead>
<tr>
<th>Surname/family name</th>
<th>Given names</th>
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</table>

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:

<table>
<thead>
<tr>
<th>Permanent Residential Address</th>
<th>Postal Address</th>
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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 21 years who are applying for permits:

<table>
<thead>
<tr>
<th>Full names (surname first)</th>
<th>Date of birth</th>
<th>Country of birth</th>
<th>Sex</th>
<th>Relationship</th>
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</table>
10. If you are already in the Fiji Islands, please prove the following information:

<table>
<thead>
<tr>
<th>Date of Entry</th>
<th>Port of Entry</th>
<th>Type of Permit</th>
<th>Permit Expiry Date</th>
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11. Have you previously spent any time in Fiji?  YES  NO. If yes, please provide the following information:

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<th>From</th>
<th>To</th>
<th>Type of Permit Held</th>
<th>From</th>
<th>To</th>
<th>Type of Permit Held</th>
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</table>

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

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Spouse</th>
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<tbody>
<tr>
<td>Dates:</td>
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<td>Address:</td>
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<td>Address:</td>
<td>Address:</td>
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</table>

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

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<th>Date</th>
<th>Offence</th>
<th>Sentence</th>
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14. Intended residential and postal addresses in the Fiji Islands:

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<tr>
<th>Residential</th>
<th>Postal</th>
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PART II: TO BE COMPLETED BY THE EMPLOYER

15. Name of Employer:

16. Address of Employer:

17. Nature of Business:

18. Position of Employee:

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:

<table>
<thead>
<tr>
<th>Number of local employees</th>
<th>Positions</th>
<th>Number of expatriate employees</th>
<th>Positions</th>
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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?

*If English is not the applicant’s ‘mother’ tongue, please provide evidence that he/she has adequate knowledge of the English language, e.g. an English Course Certificate.*
24. Give reasons why this position cannot be filled by a citizen of the Fiji Islands:

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25. This position needs to be advertised, therefore please attach copies of all advertisements in the Fiji Islands for the vacancy:

<table>
<thead>
<tr>
<th>Newspaper</th>
<th>Issue Date</th>
<th>Number of Applicants</th>
<th>Result</th>
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26. Give reasons why the local applicants were not suitable:

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27. What type of training does the organisation intend to do to fill this position by a local person?

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(attach a copy of the training plan/programme)

28. Give the name(s) and position(s) of the person(s) to be trained:

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<tr>
<th>Names</th>
<th>Positions</th>
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PART III: TO BE COMPLETED IF THE APPLICANT IS AN INVESTOR.

29. Name of business:


30. Name of the shareholders in the business:

<table>
<thead>
<tr>
<th>Name(s)</th>
<th>Shareholding (%)</th>
<th>Monetary Value (F$)</th>
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31. The date on which Fiji Islands Trade and Investment Bureau (FTIB) granted the Foreign Investment Certificate (FIC):

(Attach a copy of the FTIB and FIC)

32. Date of commencement of business:


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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 Adult Witness: …………………

Name of 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 will provide an Immigration Security Bond in respect of the repatriation of this employee and his/her family from the Fiji Islands when the permits are approved.

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:

STAMP/SEAL
**PART VI:** (Tick the appropriate box)

1. Completed and signed application form
   - YES  |  NO

2. Application Fee
   - YES  |  NO

3. Police report(s) of principal applicant
   - see Note 8
   - YES  |  NO

4. Police report(s) of spouse
   - see Note 8
   - YES  |  NO

5. Police report(s) of children “if applicable”
   - see Note 8
   - YES  |  NO

6. Medical report of principal applicant
   - see Note 9
   - YES  |  NO

7. Medical report of spouse
   - see Note 9
   - YES  |  NO

8. Medical report of children
   - see Note 9
   - YES  |  NO

9. Evidence of knowledge of the English language
   - YES  |  NO

10. Advertisement
    - YES  |  NO

11. Name(s) of local understudy/counterpart
    - YES  |  NO

12. Training Plan I Programme
    - YES  |  NO

13. Contract of Employment
    - YES  |  NO

14. Analysis of the applications received
    - YES  |  NO

15. Copy of FTIB approval and Foreign Investment Certificate (FIC) (see Part III Section 31)
    - YES  |  NO
PART VII: 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. From To
   From To

2. From To
   From To

3. 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: .................................
GOVERNMENT OF THE FIJI ISLANDS
IMMIGRATION DEPARTMENT

MEDICAL REPORT FORM

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 VIII: PERSONAL DETAILS OF THE APPLICANT

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

(Surname) (Given names)

2. Full residential address:

3. Gender: Male □ Female □

4. Date of birth: ________ | ________ | ________
   day      month       year

5. Nationality as on passport:

6. Passport number:

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

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.
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:

6. X-ray:

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

DATE:  

DATE: 

PART X:  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:  

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