



# Short-Term Work Permit Application

Date submitted:

**Request for Short-Term Work Permit is submitted by or on behalf of:**

Name of Company \_\_\_\_\_

Total Fees Submitted:

Work Permit \$ \_\_\_\_\_ , Waiver of Advertising \$ \_\_\_\_\_ , Advertisement Extension \$ \_\_\_\_\_ ,  
Late Application \$ \_\_\_\_\_ , Other Fee(s) \$ \_\_\_\_\_

**Where application is submitted for an event, also complete Sections 1,5, 8C and 11**

**NAME OF APPLICANT** (as it appears on passport)

**DATE OF BIRTH**

Mr.  Mrs.  Miss  Ms.  Dr.  Other \_\_\_\_\_

**FIRST**

**MIDDLE**

**LAST**

**NATIONALITY**

**NUMBER OF DEPENDANTS**

(Partner/Children)

**FOR OFFICIAL USE ONLY**

**FOR OFFICIAL USE ONLY**

**SHORT-TERM WORK PERMIT APPLICATION TYPES:** (tick as appropriate)

New – This is the first short-term work permit for this applicant entering Bermuda for the first time or applicant’s first work permit for this employer

Applicant in possession of an expiring or expired Short Term Work Permit (attach copy)

A full time work permit is intended (attach letter of justification)

Emergency Application – This application meets the requirements of an emergency application (attach a letter of justification)

Applicant with specific Bermuda Connection

Applicant is in possession of a Entry/Re-entry document or written permission from the Minister to reside in Bermuda (attach copy)

Musician and Entertainer or other events

# General Information for Employers and Employees

1. Employees are not immigrants to Bermuda, i.e. not a permanent resident of Bermuda and in the event of the termination of services for any reason, the worker must obtain permission to legally remain in Bermuda.
2. The grant of a work permit in no way implies any right to further work permits or to any other rights not specifically stated.
3. Applications to continue employment or to reside beyond the expiry date given will be considered on the merits of the application at that time.
4. Any Standard, Global or New Business Work Permit holder may seek alternative employment without obtaining permission of the Minister. Although there is no limitation on the number of job changes that a work permit holder may have, a work permit holder is not normally permitted to change employers during the first two years of employment with an initial employer. Work permit holders who have been employed in Bermuda for more than two years and who possess a valid work permit, may seek alternative employment but must not accept or engage in alternative employment in Bermuda without the permission of the Department of Immigration. [Exceptions may be made in circumstances where the applicant has been made redundant; where the applicant has lodged a complaint against their employer with the Department of Workforce Development (and it has been determined that the applicant has a bona fide grievance with the employer); upon making written request to the Minister to waive the two year requirement. This is subject to the Employment Act 2000 and employment contracts governing probationary periods.]
5. First time work permit holders who have been employed in Bermuda for less than two years and who wish to change employers must obtain permission from the Minister to continue to reside and seek alternative employment. First time work permit holders must not accept or engage in alternative employment until such permission has been granted.
6. Employees who do not possess a valid work permit, as a result of the expiration of a previous work permit and where a complete application has not been submitted, the employee must stop working unless specifically authorised by the Minister.
7. On termination of employment for whatever reason, the employer is required to advise the Department of Immigration of what arrangements the employee has made to leave, or remain in, Bermuda.
8. Employers and employees have certain obligations with respect to regulations governing the payment of Social Insurance contributions, employment tax and medical Insurance – non-compliance may affect the issuance of work permits. Note: Accounts over 90 days may require proof of a payment plan prior to the issuance of work permits.
9. Where applicable, an applicant must at all times, be mindful of and adhere to the conditions placed on his/her work permit. He/she must also take note of the 'General Information' listed on the back page of his/her work permit document. Also, where it is the responsibility of the employee to repatriate his/her dependants, he/she must honour this commitment and take immediate steps to ensure that when he/she departs Bermuda, his/her dependants will depart too.
10. The guarantee of repatriation by the employer is enshrined in law under the Bermuda Immigration and Protection Amendment (No. 2) Act 2013.
11. Where an agency submits applications on behalf of an employer or an employee, the accuracy of the form is the responsibility of the employer and the employee.
12. Penalties may be levied for breaches of the Work Permit Policies as per the Bermuda Immigration and Protection Amendment (No. 2) Act 2013.
13. For a complete review of Work Permit Policies, Work Permit Violations, Visa Policies and Work Permit Application Forms, go to: <http://www.immigration.gov.bm> (Ministry of Home Affairs)

SECTION

# 1

## Employment Details

Employer (name to appear on Work Permit)

Mr.  Mrs.  Miss  Ms.  Dr.  Other \_\_\_\_\_

Employer contact name

Address

Telephone  Cellular  Fax

E-mail

For correspondence regarding the Work Permit

**Same as above**  Agent on behalf of above employer

Agency name

Mr.  Mrs.  Miss  Ms.  Dr.  Other \_\_\_\_\_

Contact name

Address

Telephone  Cellular  Fax

E-mail

Requested start date  Annual Base Remuneration (BDA\$) if applicable

Requested end date

Requested length of Permit  1 mo. or less  2 mo.  3 mo.  4 mo.  5 mo.  6 mo.

Applicant name

Proposed job title or purpose

The Minister shall consult with the statutory body that regulates matters dealt with by that profession. Refer to the Work Permit Policy for the list of Statutory Councils.

Familial relationship between employer/applicant (if any) Yes  No

If Yes, explain

SECTION

# 2

## Nationality Details of Applicant and Sponsored Dependants

This section to be completed if standard work permit application is intended

### A. DETAILS OF APPLICANT

Attach a certified copy of valid passport cover and data page

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Attach a certified copy of valid multi-entry visa, Permanent Residency Card or Green Card as applicable.

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#### Offences

Have you ever been convicted of any criminal offences?  YES  NO

If YES, please state: When  Where

Nature of offence

Sentence

You may supplement your response on a separate sheet – is a supplementary sheet attached?  YES  NO

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### B. DETAILS OF SPONSORED DEPENDANTS

Have your sponsored dependants ever been convicted of any criminal offences?  YES  NO

You may supplement your response on a separate sheet – is a supplementary sheet attached?  YES  NO

Does the passport and visa of your sponsored dependants meet the visa controlled national requirements?  YES  NO

You may supplement your response on a separate sheet – is a supplementary sheet attached?  YES  NO

## SECTION

## 3

Personal Details of Applicant  
and Dependants

This section to be completed if  
standard work permit application is  
intended

## A. DETAILS OF APPLICANT

## Addresses and contact numbers

<p>Date of arrival in Bermuda <input type="text" value="MM DD YY"/></p> <p>Current address or intended address in Bermuda</p> <p>_____</p> <p>_____</p> <p>Legal address outside Bermuda</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>Telephone numbers Home _____</p> <p>Work _____ Cellular _____</p> <p>E-mail _____</p>
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Do you have family resident in Bermuda?  YES  NO

Do you have any children?  YES  NO How many children will be residing in Bermuda?

**Emergency Contact Information:** Give the name, address, telephone number and e-mail address of two persons to be contacted in case of emergency, and their relationship to you.

In Bermuda	<p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>E-mail _____</p>	<p>Relationship</p> <p><input type="checkbox"/> Employer</p> <p><input type="checkbox"/> Other (specify) _____</p>
Outside Bermuda	<p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>E-mail _____</p>	<p>Relationship (specify) _____</p>

## Marital Status and Sponsored Dependants

Are you  Single  Divorced  Widowed  Partner (see additional guidelines on the Department of Immigration website)

## OR

Married in accordance with Bermuda law and...  Living together  Living apart: Spouse residing overseas due to overseas employment or education  Living apart: Spouse residing in Bermuda and separated due to marital matters  Legally separated

Date of marriage

**SECTION**

# 4 Employment, Qualifications and Education

This section to be completed if standard work permit application is intended

**A. EMPLOYMENT**

Your present or last employer

Employer's address

Telephone (  ) Cellular (  ) Fax (  )

E-mail

**Previous employment in Bermuda**

Employer	Position held	From	To
<input type="text"/>	<input type="text"/>	<input type="text" value="MM DD YY"/>	<input type="text" value="MM DD YY"/>

Reason for leaving employment

Employer	Position held	From	To
<input type="text"/>	<input type="text"/>	<input type="text" value="MM DD YY"/>	<input type="text" value="MM DD YY"/>

Reason for leaving employment

Employer	Position held	From	To
<input type="text"/>	<input type="text"/>	<input type="text" value="MM DD YY"/>	<input type="text" value="MM DD YY"/>

Reason for leaving employment

**Previous employment outside Bermuda**

Employer	Country
<input type="text"/>	<input type="text"/>

Position held	From	To
<input type="text"/>	<input type="text" value="MM DD YY"/>	<input type="text" value="MM DD YY"/>

Reason for leaving employment

Employer	Country
<input type="text"/>	<input type="text"/>

Position held	From	To
<input type="text"/>	<input type="text" value="MM DD YY"/>	<input type="text" value="MM DD YY"/>

Reason for leaving employment

SECTION

# 4 Employment, Qualifications and Education continued

This section to be completed if standard work permit application is intended

## B. QUALIFICATIONS AND EDUCATION

This section is to be completed by all applicants. However, if you are already a resident and working in Bermuda in possession of a work permit for one year or more, please provide information on any **new** qualifications or relevant work experience which you have obtained since your last submission of this application form. Please write "NONE" in sections that do not apply or if there is no additional information to submit.

List certificates of qualification(s) relevant to your occupation, trade or profession.

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List, with dates, your work experiences relevant to your intended occupation in Bermuda

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Give details of your educational/academic background, with dates and qualifications earned

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Persons coming to work in Bermuda under the Portuguese Accord as well as those employed in the construction industry are required to have a working knowledge of the English language. This is to ensure that persons perform their work duties in a safe manner. Persons will not be allowed to work in the construction industry if their English language skills are deemed by the Minister to be inadequate to comply with health and safety standards. In cases where English language skills are questionable, the person will be landed for seven days and may be required to undergo testing by the Department of Immigration. Failure may result in the person being asked to leave Bermuda.

**SECTION**

# 5 Details of Recruitment Process

**This section to be completed if standard work permit application is intended**

In accordance with employers' responsibility to report to the Department of Immigration the results of all recruitment efforts for job vacancies, the following **Recruitment Disclosure Form** must be completed for all local applicants. Unless a waiver of advertising is being requested/has been granted, a completed form must be appropriately submitted with each substantive work permit application. If a form is not submitted or where it is incomplete, the entire work permit application will be returned, less an administration fee.

**A. Position:**

**B. Requesting waiver from advertising:**

(i) Does this application qualify for an automatic waiver from advertising? Yes  No  (check one)

If YES, complete Section F only

If NO, the Recruitment Disclosure Form must be completed in full and the advertising waiver fee included with this application

(ii) Are you seeking a waiver from advertising? Yes  No  (check one)

If YES, provide justification in accordance with the Work Permit Policy

If NO, the Recruitment Disclosure Form must be completed in full and the advertising waiver fee included with this application

(iii) Are you requesting an extension to your advertisement? Yes  No  (check one)

If YES, provide justification in accordance with the Work Permit Policy

If NO, the Recruitment Disclosure Form must be completed in full and the advertising waiver fee included with this application

**C. Advertisements:**

In this section provide details about your assessment of each Bermudian applicant; including details about why the applicants were deemed unsuitable for the above-captioned position, whether an interview was conducted or not. Please attach each applicant's application cover letter, résumé and Bermuda Government Job Board reports.

**Newspaper:**

Advertisement run dates: \_\_\_\_\_

Total Number of Applicants Received: \_\_\_\_\_

**Breakdown of Applicants:**

1. Bermudians/Spouses of Bermudian /PRC Holders \_\_\_\_\_
2. Divorced Parent of a Bermudian Child \_\_\_\_\_
3. Non-Bermudian with a Qualifying Bermudian Connection \_\_\_\_\_
4. Non-Bermudians \_\_\_\_\_

**Bermuda Government Job Board:**

Advertisement run dates: \_\_\_\_\_

Total Number of Applicants Received: \_\_\_\_\_

**Breakdown of Applicants:**

1. Bermudians/Spouses of Bermudian /PRC Holders \_\_\_\_\_
2. Divorced Parent of a Bermudian Child \_\_\_\_\_
3. Non-Bermudian with a Qualifying Bermudian Connection \_\_\_\_\_
4. Non-Bermudians \_\_\_\_\_



## SECTION

# 5 Details of Recruitment Process continued

This section to be completed if standard work permit application is intended

## D. Summary of Bermudian applicants in response to all newspaper advertisements and Job Board:

\*Status – i.e. Bermudian, Spouse of Bermudian, PRC, etc.

<b>Applicant:</b>	Interviewed: Yes <input type="checkbox"/> or No <input type="checkbox"/> (check one)	Contact Information:
Status*:		
Summary of Assessment:		
<b>Applicant:</b>	Interviewed: Yes <input type="checkbox"/> or No <input type="checkbox"/> (check one)	Contact Information:
Status*:		
Summary of Assessment:		
<b>Applicant:</b>	Interviewed: Yes <input type="checkbox"/> or No <input type="checkbox"/> (check one)	Contact Information:
Status*:		
Summary of Assessment:		
<b>Applicant:</b>	Interviewed: Yes <input type="checkbox"/> or No <input type="checkbox"/> (check one)	Contact Information:
Status*:		
Summary of Assessment:		
<b>Applicant:</b>	Interviewed: Yes <input type="checkbox"/> or No <input type="checkbox"/> (check one)	Contact Information:
Status*:		
Summary of Assessment:		
<b>Applicant:</b>	Interviewed: Yes <input type="checkbox"/> or No <input type="checkbox"/> (check one)	Contact Information:
Status*:		
Summary of Assessment:		

## SECTION

**5** Details of Recruitment Process continued

This section to be completed if standard work permit application is intended

**E. Referrals from the Department of Workforce Development:**

This section is to be completed for jobs in the **Restricted Category** only. Employers are required to contact Officers at the Department of Workforce Development and request candidates for the advertised post.

a. Total Number of Referrals: \_\_\_\_\_

b. Referral Summary:

<b>Applicant:</b>	Interviewed: Yes <input type="checkbox"/> or No <input type="checkbox"/> (check one)	Contact Information:
Date Referred:		
Summary of Assessment:		
<b>Applicant:</b>	Interviewed: Yes <input type="checkbox"/> or No <input type="checkbox"/> (check one)	Contact Information:
Date Referred:		
Summary of Assessment:		
<b>Applicant:</b>	Interviewed: Yes <input type="checkbox"/> or No <input type="checkbox"/> (check one)	Contact Information:
Date Referred:		
Summary of Assessment:		

**F. Merit of Selected Applicant:**

In this section please provide details about the selected applicant. Attach the applicant's résumé.

<b>Applicant:</b>	Incumbent in Post: Yes <input type="checkbox"/> or No <input type="checkbox"/> (check one)
Reason for Selection:	

**SECTION****6****Statement of Employment**

Refer to section 6 of the Bermuda Employment Act 2000 for additional details to insert appropriately. Employers may use this form or attach more specific company Statement of Employment ensuring that contents as noted below are reflected.

**This section to be completed if standard work permit application is intended**

Is a separate company Statement of Employment attached? YES  NO

**Job Title or Description** \_\_\_\_\_ **Employer** \_\_\_\_\_  
(full name and address)

**Employee** \_\_\_\_\_  
(full name and address)

**The terms of employment are:**

1. Remuneration Base Rate: \$ \_\_\_\_\_ per hour  week  month  year  (check one)  
and Commission (if applicable): \_\_\_\_\_ %  
  - Full time positions (e.g. salon/barber staff) tied to commission must reflect a base wage and percentage commission.
  - Contracts of employment for restaurant staff applications must include clear information relating to the minimum weekly remuneration for restaurant staff.
2. Start date or duration of employment, if not permanent: Subject to Immigration approval \_\_\_\_\_
3. Hours: Hours of work \_\_\_\_\_ to \_\_\_\_\_ per day with \_\_\_\_\_ rest period  
Shift work: Yes  No  Normal shifts \_\_\_\_\_
4. Place of work: Employer's address above/as directed \_\_\_\_\_  
\_\_\_\_\_
5. Paid annual vacation (after one year of continuous employment) \_\_\_\_\_ days (Section 12 Employment Act 2000)
6. Paid public holidays as set out in Section 11 Employment Act, 2000 and Schedule to Public Holidays Act 1947.
7. Paid sick leave (after one year of continuous employment): \_\_\_\_\_ days
8. Benefits and deductions:
  - You will receive an itemised pay statement detailing authorised deductions and benefit compensations that will appear on your pay slip. (Details the benefits packages and amounts that are payable by the employee against each item)
  - Positions which attract a bonus or other financial benefits must be reflected.
9. Probationary Period: \_\_\_\_\_
10. Termination of Employment:  
Employee is required to surrender original work permit to employer immediately upon termination  
Notice period by employee: \_\_\_\_\_  
Notice period by employer: \_\_\_\_\_

Please sign below if you agree with the terms and conditions outlined in this Statement of Employment. A copy of the Statement will be given to you and a copy will be retained on your personal file.

Signature of employer \_\_\_\_\_ Signature of employee \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

# Application Checklist

## Short-Term Work Permit

Check with a  or  N/A  
against each document  
where applicable

**Employer is required to obtain and verify the following documents prior to the submission of a work permit; do not submit with application.**

**Medical Clearance – Required for first time Residents – See Section 10 for KEMH Medical Clearance Form**

### Chest X-ray (Plate or CD)

- Individuals from jurisdictions identified as high risk for tuberculosis (TB), or who have ever resided in such a jurisdiction for a period of three months or more must provide a chest X-ray and a letter from a certified physician confirming they pose no health risk and are free from TB. This list is based on the World Health Organisation's Yearly Report on tuberculosis. This list will mirror the high risk jurisdiction list as published yearly, or more frequently as may be necessary.
- Applicant's name, date of birth and date of issue must be scribed onto the actual chest X-ray.
- Full chest (anterior and posterior view) is required for all persons over age 12 who are relocating.
- Chest X-rays (plate or CD) are valid for six months from date of issue.

### Medical Clearance – Medical Certificate

- Original general certificate of good health displaying name, date of birth and date of issue.

**Employer is required to obtain and verify the following documents prior to the submission of a work permit include the following documents with application.**

### Additional Information / Supplementary Sheet

- Company name, contact information, dated, and signed.
- Name (as it appears on passport), date of birth, nationality of applicant.
- Why supplementary additional information is being submitted; why application is urgent (as appropriate).
- Detail what efforts have been made to employ local resources (companies or staff) and why these local resources were not selected (this information is separate from Recruitment Disclosure Form information).

### Fee \*As appropriate

- Full payment of all related work permit and late fees must accompany application, payable to the Accountant General
- Cash and credit card payments; submit application with payment at the front counter
- Cheque or local bank draft payments; place application in the drop box.

- Applications with incorrect fees will not be processed; employers will be required to collect incomplete applications from collection desk.

### Advertisement

- Copy newspaper advertisement or tear-sheet accepted. Advertisement proofs or word documents are not accepted.
- Copy of Job Board Advertisement and Report.

### Short-Term Work Permit Application Form

- Completed **IN FULL** (indicate "N/A or None" for sections not applicable) and signed by applicant and employer/agent (where appropriate).
- Emergency application requests must include letter of justification.

### Proof of Citizenship (Passport)

- Original certified copy of passport (front and data pages).
- Must be submitted for all sponsored dependants applicants.
- Personal details displayed on passport must be consistent in all submitted documents.
- Passports for visa controlled nationals cannot expire within 45 days of the expiration date of full work permit.
- Expiration date of passport may affect the expiration date of the work permit.

### Proof of Multi-Entry Visa/Permanent Resident Card issued by USA, Canada or UK (only)

- Original certified copy of multi-entry visa or permanent resident card,
- Must be submitted for all sponsored dependants applicants
- Multi-entry visas for visa controlled nationals cannot expire within 45 days of the expiration date of full work permit
- Expiration date of multi-entry visa may affect the expiration date of the work permit

### Statement of Employment

- See sample for content requirements

### Applicant's Résumé

- Résumé must display personal details, i.e. name (as it appears on passport), current address, telephone and e-mail address
- Résumé must display employment details, i.e. month and year of employment, job title(s) and name of employer. Where more than one job title was held with the same

employer, month and year of employment must be displayed against each job title

- The content of the résumé must support the Employment References that will be retained by the employer submitting the application

#### **Payment of Government Taxes and Employee Benefits**

- An employer will be required to certify that it is not delinquent by more than 90 days in meeting its statutory obligations in respect of payments of payroll tax, health insurance, social insurance and pension contributions **for all employees**. In the event that an employer is delinquent the employer shall provide documentation that they have made the required payments before the work permit is processed and/or provide proof of an agreed payment plan with the relevant Government departments.
- Proof of an agreed payment plan or proof that required payments have been made or Social Insurance, Pensions, Payroll Tax and Health Insurance Premiums.
- Proof of health Insurance coverage for sponsored dependants.

#### **New Companies – Certificate of Incorporation and Company Profile**

- Proof of company registration with Registrar of Companies and other Government agencies (where applicable).
- List of owners, nationality and role in company.
- List of employees, nationality and role in company.

#### **Specific Bermuda Connection**

- Original certified copy of passport of Bermudian accompanied by detail of the connection.
- In the instance where a child is the Bermudian connection, an original certified copy of the child's passport and birth certificate must be submitted with the application.

**Checklist completed by Employer:**

Print Name

Signature

MM/DD/YY

**A. DISCLOSURE**

I understand that under the provisions of the Bermuda Immigration and Protection Act 1956, it is a criminal offence to make any statement which is false in a material particular and which I know to be false or I believe not to be true.

I understand that breach of the Bermuda Immigration and Protection Act 1956 may cause my work permit and permission to reside in Bermuda to be revoked. I understand that I and my dependants are not regarded as immigrants and that there is no guarantee of further employment or right of continued residence in Bermuda upon the termination or loss of employment at any time.

I certify that the statements made in this form, that apply to me, are correct. I understand that any changes in the information provided must be notified to the Department of Immigration in writing and that failure to do so may result in the revocation of my work permit or my permission to reside in Bermuda.

Applicant/Resident signature

Applicant/Resident name (print)

Date

**B. DECLARATION**

The following declaration needs to be read, understood and signed by all work permit applicants arriving in Bermuda on or after 1 August 1989. If you do not understand anything in the declaration, please ask for clarification before signing.

*I am now informed and understand:*

- when I am no longer eligible for a work permit I will not qualify to remain longer in Bermuda on the basis of my past residence as a work permit holder, *regardless of the length of that residence*;
- that the same applies to my dependants, wherever born, who do not have 'Bermudian status' or permanent residence (i.e., a Permanent Resident's Certificate);
- that as a work permit holder I am subject to restriction on the period for which I may remain in Bermuda and therefore there is no basis in law for me to be naturalised as a British overseas territories citizen;
- that a work permit is issued or renewed only when the employer can show, each time an application is made, that there is no local person<sup>1</sup> who is qualified, or who may be trained, to take the position in question;
- that Bermuda's laws aim to preserve Bermuda's land and other resources for those with Bermudian status or permanent residence and therefore must limit the number of persons obtaining such status or residence; and
- that children born in Bermuda to non-British parents whose immigration permission is subject to time restrictions are not BOTCs<sup>2</sup> by birth.

Applicant/Resident signature

Applicant/Resident name (print)

Date

<sup>1</sup>Local person means a Bermudian, spouse of a Bermudian or a Permanent Resident Certificate holder

<sup>2</sup>BOTCs means British Overseas Territories Citizen

**C. EMPLOYER DECLARATION**

The following Declaration must be read, understood and signed by the employer (an agent cannot sign):

I understand that under the provisions of the Bermuda Immigration and Protection Act 1956, it is a criminal offence to make any statement which is false in a material particular and which I know to be false or I believe not to be true in respect of this application.

I understand that pursuant to the Bermuda Immigration and Protection Act 1956 it is the responsibility of the employer to repatriate work permit holders and their sponsored dependants.

I understand that work permit holders must only perform duties pursuant to the terms of their work permit, job description and statement and conditions of employment unless specific permission is given otherwise by the Minister responsible for Immigration.

I certify that:

The employer is not delinquent by more than 90 days in meeting its statutory obligations in respect of payments of payroll tax, health insurance, social insurance and pension contributions for all employees **whether they are on a work permit or not.**

**OR**

The employer is delinquent by more than 90 days in meeting its statutory obligations in respect of payments of payroll tax, health insurance, social insurance and pension contributions **for all employees whether they are on a work permit or not** and enclosed with this application is proof of an agreed payment plan with the relevant Government departments.

To the best of my knowledge and belief the applicant is of good character, possesses the qualifications purported in the application, is in good health and does not have a criminal record.

I have read and understand the Work Permit policies issued by the Department of Immigration.

I am duly authorised to sign this Declaration on behalf of the employer.

Print name

Position/Title

Signature

Date

MM DD YY

SECTION

# 9

## Referral to Statutory Council Form

Bermuda Immigration and Protection Act, Section 60 (4) states:

The Minister, in considering any application for the grant, extension or variation of permission to engage in gainful occupation, shall, subject to any general directions which the Cabinet may from time to time give in respect of the consideration of such applications, take particularly into account – the character of the applicant and, where relevant, of his or her spouse; the existing and likely economic situation of Bermuda; the availability of the services of persons already resident in Bermuda and local companies; the desirability of giving preference to the spouses of persons possessing Bermudian status; the protection of local interests; and generally, the requirements of the community as a whole, and the Minister shall, in respect of any such application, consult with such public authorities as may, in the circumstances, be appropriate, and shall in particular, in the case of an application for permission to practise any profession in respect of which there is established any statutory body for regulating the matters dealt with by that profession, consult with that body.

Where required according to particular professions, employers must submit applications directly to the respective council concurrently with the submission of their application to the Department of Immigration.

**To be completed by Employer (submit this form to the Statutory Council with referral application documents attached to the back)**

Date:

Employer:

Applicant:

Position:   Months  Years

**To be completed by Statutory Board or Council:**

The Minister expects a response in writing from the respective statutory council within **10 working days** of receipt of the application from an employer failing which the Minister may not consider the submissions in coming to a decision. The Minister shall consider requests for extensions of time from statutory councils to review applications in extenuating circumstances.

Name of the statutory council: \_\_\_\_\_

Upon review and consideration of the work permit application the statutory council has the following response:

The statutory council has no objection to the above request.

If applicable, period of no objection:  to

The statutory council has comments to make and understands that the Minister has final discretion over the final decision of the application in question, a supplementary sheet may be attached.

Comment: \_\_\_\_\_

Council member name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Comment Date:

**STATUTORY BOARD OR COUNCIL, PLEASE FORWARD THIS FORM TO THE DEPARTMENT OF IMMIGRATION**



**SECTION**

# 10 Medical Clearance Form

Individuals from jurisdictions identified as high risk for tuberculosis (TB), or who have ever resided in such a jurisdiction for a period of three months or more must provide a chest XRay and a letter from a certified physician confirming they pose no health risk and are free from TB.

This list of jurisdictions is based on the World Health Organisation's Yearly Report on tuberculosis. This list will mirror the high risk jurisdiction list as published yearly (or more frequently as may be necessary) by the World Health Organisation. (See Work Permit Policy, Appendix II).

**To be completed by Employer (submit this form to the KEMH with referral application documents attached to the back)**

Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Date: MM DD YY

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant: \_\_\_\_\_

**To be completed by Diagnostic Imaging Department, KEMH:**

The KEMH is required to check the box for documents that have been submitted and reviewed, and comment on the results of their findings :

XRay Plate/CD "Plate"       Medical Certificate of Good Health "MC"

XRay Report "Report"

Upon review and consideration of the above medical information KEMH has the following response:

NAD – No significant radiological abnormality noted in lung fields or cardiac silhouette

KEMH has comments to make. Medical information:

MC / Plate / Report (check as applicable) was not received

MC / Plate / Report (check as applicable) is undated, please resubmit

MC / Plate / Report (check as applicable) details must be in English

MC / Plate / Report (check as applicable) has expired

MC / Plate / Report (check as applicable) name must be embedded in Plate or noted on MC / Report

Other comments: \_\_\_\_\_

Authorising Physician: \_\_\_\_\_ Comment Date: MM DD YY

**KEMH, PLEASE FORWARD THIS FORM TO THE EMPLOYER NOTED ABOVE**

SECTION

# 11

## Event and Group Details

### A. PARTICIPANTS AND SUPPORT STAFF

What category of work is being performed by those listed below?

- Musicians/Entertainers
- Photo Shoot/Magazine/Promotion
- Workshops/Seminars
- Media/Film Crews
- Other \_\_\_\_\_

Are persons listed below members of a group?  YES  NO

If YES, Name of the group: \_\_\_\_\_

**NAME** (according to passport) **DATE OF BIRTH** MM DD YY

FIRST MIDDLE LAST

**STAGE NAME** \_\_\_\_\_

Title \_\_\_\_\_ Nationality \_\_\_\_\_  Participant  Support Staff

**NAME** (according to passport) **DATE OF BIRTH** MM DD YY

FIRST MIDDLE LAST

**STAGE NAME** \_\_\_\_\_

Title \_\_\_\_\_ Nationality \_\_\_\_\_  Participant  Support Staff

**NAME** (according to passport) **DATE OF BIRTH** MM DD YY

FIRST MIDDLE LAST

**STAGE NAME** \_\_\_\_\_

Title \_\_\_\_\_ Nationality \_\_\_\_\_  Participant  Support Staff

**NAME** (according to passport) **DATE OF BIRTH** MM DD YY

FIRST MIDDLE LAST

**STAGE NAME** \_\_\_\_\_

Title \_\_\_\_\_ Nationality \_\_\_\_\_  Participant  Support Staff

**NAME** (according to passport) **DATE OF BIRTH** MM DD YY

FIRST MIDDLE LAST

**STAGE NAME** \_\_\_\_\_

Title \_\_\_\_\_ Nationality \_\_\_\_\_  Participant  Support Staff

## Event and Group Details

### B. EVENT DETAILS:

Name of event: \_\_\_\_\_

Date(s) of event

Location(s): \_\_\_\_\_

\_\_\_\_\_

### C. BERMUDIAN SUPPORT FOR THIS EVENT:

Name: \_\_\_\_\_ Title \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_

Promoters and organizers, please confirm if persons/groups listed above comply with the International Unfair List requirements

YES  NO

**For groups larger than five, copy Section 11 as required or present information as a supplementary spreadsheet. Is a supplementary spreadsheet attached?**

YES  NO