An Roinn Dlí agus Cirt Department of Justice

EUTR1A

Application to be treated as a permitted family member of an EEA national

Please read the information below carefully before you submit your application. If you do not submit sufficient information and/or evidence, your application may be refused.

Who is this form for?

This form is to be used by each Non-EEA national applying to be treated as a Permitted Family Member of an EEA national under the European Communities (Free Movement of Persons) Regulations 2015.

Citizens' Rights entitlements guaranteed to United Kingdom nationals and their family members are given effect in Ireland under the European Union (Withdrawal Agreement) (Citizens' Rights) Regulations 2020. Form EUTR1A may also be used by each non-EEA national family member of a United Kingdom national applying to be treated as a Permitted Family Member of a United Kingdom national under the European Union (Withdrawal Agreement) (Citizens' Rights) Regulations 2020 and the relevant provisions of the 2015 Regulations.

References to EEA national in this form shall be deemed to also apply to a United Kingdom national who satisfies the relevant criteria under the Withdrawal Agreement.

You should use this application form if:

- You are a non-EEA national who is a family member of an EEA national
- You are living in the State
- The EEA national is living in the State
- The EEA national is exercising their EU Treaty Rights in the State (employed, selfemployed, residing with sufficient resources or involuntarily unemployed)

and,

- You are a member of the family of an EEA national who is <u>not a qualifying family member</u> and who, in the country from which you have come:
 - ✓ were a dependent of the EEA national or,
 - ✓ were a member of the EEA national's household or,
 - ✓ strictly required the personal care of the EEA national on serious health grounds or,
 - ✓ you are the de facto partner of an EEA national in a durable relationship

How to complete this form:

- You must complete a separate application for each non-EEA national family member, including each child under 18 years of age
- You must complete this form in CAPITAL letters
- You must place a tick (\checkmark) in the boxes that are relevant to you
- You must complete all sections of this form which are relevant to you in full
- You must submit photocopies of supporting documents for each application
- You must complete the checklist on pages 31 and 32 for each application
- You, the applicant, must sign and date the Declaration on page 33, at the end of this form
- The EEA national must complete the checklist on pages 50 and 51 for each application
- The EEA national must sign and date the Declaration on page 52, at the end of this form
- If you or the EEA national are unable to provide any of the information requested at this time, please explain the reason in writing and enclose with this application.
- Both you, the applicant, and the EEA national must sign the Data Privacy Notice on page 6.
- You must send your completed application form and any supporting documents you wish to provide by post to the address below

Permitted Family Member Assessment EU Treaty Rights Division Department of Justice Immigration Service Delivery 13/14 Burgh Quay, Dublin 2, D02 XK70

- Your application may be delayed if you do not send it by post to the address listed above
- We recommend you send your application by Registered Post
- If you choose to send your application by registered post you can track it on the An Post website, <u>www.anpost.ie</u>

Warning

If you have a change in circumstances while your application is being processed, for example:

- If you change your personal details (your name, nationality, civil status, etc.)
- If your contact details change (your address or representative)
- If there is a change in other circumstances (your EEA national family member leaves Ireland)

you must inform EU Treaty Rights Division at the address above <u>immediately</u> and provide any relevant supporting documentation

A decision will be made on your application based on the information contained in this application form and the supporting documents which you submit. No further information or documentation will be requested. The onus is on you, the applicant, to submit the necessary evidence to support your application.

Data privacy notice

Introduction

 The data you provide is collected by EU Treaty Rights Division in Immigration Service Delivery (ISD), a Business Unit of the Department of Justice (DoJ). The data controller for the information you provide is the Department of Justice and the data controller's contact details are:

> EU Treaty Rights Division, Immigration Service Delivery Department of Justice, 13/14 Burgh Quay, Dublin 2, D02XK70

How will your personal data be used?

- 2. We may use the personal data you provide in your application for the purpose of:
 - assessing your entitlement or continued entitlement to reside in the State as the family member of the EEA national named in your application, or
 - assessing your entitlement or continued entitlement to reside in the State as the family member of the UK national named in your application, or
 - assessing your entitlement or continued entitlement to permanent residence in the State as an EEA national,
 - assessing your entitlement or continued entitlement to permanent residence in the State as a UK national.

Legal Basis for processing your Personal Data

3. Our legal basis for collecting and processing this data is in accordance with Section 8 of the Immigration Act 2003 and to fulfil the function of the Minister for Justice in relation to asylum, immigration (including visas) and citizenship matters as designated in the Ministers and Secretaries Act 1924 (as amended).

Further processing of your Personal Data

4. Where it is necessary and proportionate to do so, in accordance with the Data Protection Act 2018 and the GDPR, further personal data may be requested or received from/provided to other Public

Authorities/competent authorities/international organisations for the purpose of:

Verification of the data received under Directive 2004/38/EC, Regulation 26 of the EC (Free movement of Persons) Regulations 2015 as amended, EU (Withdrawal Agreement) (Citizens' Rights) Regulations 2020, section 3 of the Immigration Act 1999.

Section 8(1) and 8(2) of the Immigration Act 2003, section 4 of Immigration Act 2004,

- Work Permit application for non-EEA nationals in accordance with Section 37 of the Employment Permits Act 2006;
- Processing applications for residence Section 261(2) of the Social Welfare Consolidation Act and Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2020;
- Section 41 of the 2018 Act.
- 5. We may also process your personal data for research or statistical purposes as allowed under the Data Protection Act 2018 and the GDPR.

A competent authority means:

A public authority competent for the prevention, investigation, detection or prosecution of criminal offences or the execution of criminal penalties in the State, including the safeguarding against, and the prevention of, threats to public security, or any other body or entity authorised by law to exercise public authority and public powers for the purposes of the prevention, investigation, detection or prosecution of criminal offences or the execution of criminal penalties in the State, including the safeguarding against, and the prevention of the prevention of criminal offences or the execution of criminal penalties in the State, including the safeguarding against, and the prevention of, threats to public security.

Security of Personal Data

- 6. The personal data provided will be stored securely on DoJ servers. It may be shared, where appropriate, with the following third parties:
 - Government Departments and agencies
 - An Garda Síochána
 - EEA competent authorities
 - EEA police forces
 - UK competent authorities
 - Individuals with your consent for example, employer, landlord
 - Service providers of the DoJ, for example, data handling and storage providers, producer of Residence Card/Residence Document/Irish Residence Permit.

Contact for Queries

 The contact for any queries in relation to this form is EU Treaty Rights Division, Immigration Service Delivery, Department of Justice, 13/14 Burgh Quay, Dublin 2, D02 XK70.

How long will Personal Data be retained?

8. This data will be stored in accordance with the requirements of the National Archives Act 1986.

How to Request a copy of your Personal Data

- 9. You can request a copy of your personal data by completing a Subject Access Request (SAR) form, available:
 - at http://www.justice.ie/en/JELR/Pages/Data_Protection or
 - from the Data Protection Support and Compliance Office (DPSCO) at the address below.

Forward the completed form by email to <u>subjectaccessrequests@justice.ie</u> or by post to the DoJ Data Protection Officer at the address below. You will be required to verify your identity before the data can be forwarded to you. The time limit for responding to a SAR commences once your identity has been verified.

Your Rights in relation to your Personal Data

- 10. You have the right to rectify any inaccuracies in your data. To do this you should write to the Data Steward, EU Treaty Rights Division, Immigration Service Delivery, Department of Justice, 13/14 Burgh Quay, Dublin 2, D02 XK70, documenting the inaccuracies, which need to be rectified. The right to rectification is not absolute and each request will be considered on its own merits.
- 11. You have the right, where appropriate, to obtain erasure of your data and/or a restriction on the processing of your data as well as the right to object to the processing of your data. The right to erasure, restriction or objection is not absolute and each request will be considered on its own merits.
- 12. You have the right to lodge a complaint with the Data Protection Commission (DPC). You can contact the DPC by webforms on their website <u>www.dataprotection.ie</u> or by post to: 21 Fitzwilliam Square South, Dublin 2, D02 RD28

Further details in relation to your data protection rights can be found in the Department of Justice Data Protection Policy available at: <u>http://www.justice.ie/en/JELR/Pages/Data_Protection</u>

| Contact the DPO | |
|---|---|
| You can contact the Data Protection Officer (DPO) for | the Department of Justice by post at: |
| Data Protection Officer, Department of Justice, 51 St. Stephen's Green, Dublin 2, D02 HK52. or by email - <u>dataprotectioncompliance@ju</u> | <u>ustice.ie</u> |
| | |
| I acknowledge that I have read and understood the info protection rights. | ormation outlined above, which relates to my data |
| | |
| Name (Applicant) | |
| | |
| Signature (Applicant) | Date |
| | |
| Name of Parent/Guardian if applicant is under 18 | |
| | |
| Signature of Parent/Guardian | Date |
| | |
| Name (EEA national) | |
| | |
| Signature (EEA national) | Date |
| | |
| | |
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Section 1 Applicant details

| 1.1 What is your relationship to the EEA national? (\checkmark) |
|---|
| Partner in a durable relationship Where the relationship is long-lasting but you are not a spouse or civil partner |
| Dependent Where you were a dependent of the EEA national in the country from which you have come |
| Member of household Where you were a member of the EEA national household in the country from which you have come |
| Serious medical grounds Where you strictly require the personal care of the EEA national for serious medical reasons |
| 1.2 If you are not a partner in a durable relationship, please indicate family relationship (\checkmark) |
| A. Sister/brother Aunt/uncle Niece/nephew Cousin |
| Other: |
| B. of an EEA national of the spouse or civil partner of an EEA national |
| 1.3 Surname / Family name (as shown in passport) |
| |
| 1.4 Forename(s) (as shown in passport) |
| |
| 1.5 Other name(s) (maiden name, name at birth, any other names) by which you are or have been known |
| |
| |
| |
| |
| 1.6 Date of birth 1.7 Gender (✓) 1.8 ISD Person ID Number (if known) |
| D D M M Y |

| 1.10 Do you hold, or have you ever held, any other nationality or nationalities? (✓) Yes (give details below) No Image: state of the stat | |
|---|---|
| | |
| 1.11 Current home address in Ireland | |
| | |
| | |
| 1.12 Address Eircode 1.13 Contact telephone number of applicant | |
| 1.14 Email address | |
| | L |
| 1.15a PPS number (if you hold a PPS number) 1.16 Old Department of Justice reference number (if you have one) 6 9 / | |
| 1.15b Date PPS number was issued 1.17 GNIB number/IRP Number D / M / Y Y | |

| Section 1A | Relationship | status of appli | cant and child | ren of applicant |
|---|--|---------------------------|--|-------------------------------|
| 1.18 What is you | r relationship status' | ? (✓) | | |
| Single | Married | Recognised Civ partner | vil Divorced | Widowed |
| De Facto Partner | Surviving Recognised Civi Partner | il | | |
| 1.19 If you are mathematical form. (✓) | arried or in a partne | rship, complete Ani | nex C and submit i | it with this application |
| I have filled | out and enclosed A | nnex C for my spou | ise/partner | |
| 1.20a Have you e | ver previously been | married? (✓) | | |
| Yes | □ N | o (move to questio | n 1.21) | |
| evidence of divord | arriage been dissolve ce, annulment or dis ails below) Age ended for any of You should give evid | solution as approprio | riate. (civil certificat explain below (for | tes) (✓) example the death |
| | | | | |
| | | | | |
| 1.21a Do you hav | ve children? (✓) | | | |
| Yes | No If yes | s, how many? | | |
| • | e children, give detai form. Print multiple | | Annex C and subm | it it with this |
| I have filled | out and enclosed A | nnex C for each ch | ild (✓) | |

Section 1B Immigration history of applicant

| 1.22 Why are you moving to Ireland? |
|--|
| |
| |
| 1.23 How long will you stay in Ireland? |
| |
| 1.24 Passport number 1.25 Date of arrival in the State |
| |
| |
| 1.26 Place of arrival in Ireland (port of entry, for example Dublin Airport, Rosslare, Dublin Port) |
| |
| |
| |
| 1.27 What was your status on arrival in Ireland (\checkmark) |
| International protection Family member of EEA Employment Permit or Green Card national |
| Student Visitor Entry without permission |
| Other: |
| 4.00 House way build in Indend before 0 (() |
| 1.28 Have you ever lived in Ireland before? (✓) Yes (give details below) No |
| |
| |
| |
| 1.29 Do you have any other family members living in Ireland? (\checkmark) |
| Yes (give details below) No |
| |
| |

| 1.30 Do you have any other family m United Kingdom? (✓) | nembers living in any of th | e other EU Member State or the |
|--|-----------------------------|--|
| Yes (give details below) | No | |
| | | |
| | | |
| 1.31 If you answered "Yes" to 1.30, a | are those family members | s going to join you in Ireland? (\checkmark) |
| Yes No | | |
| 1.32 Have you ever visited Ireland b | efore? (✓) | |
| Yes (give details below including an | y visa details) No | |
| | | |
| 1.33 Do you have any other applicat | ions with ISD on which yo | ou are awaiting a decision? (\checkmark) |
| Yes (give details below) | | |
| Type of application | Date submitted | Application ID |
| | | |
| | | |

Section 1C Partners

Complete this section if you are in a durable (long-lasting) relationship with the EEA national but you are not their spouse or civil partner.

| 1.34 When did you first meet the EEA national? |
|--|
| |
| |
| 1.35 Where did you first meet the EEA national? |
| |
| |
| 1.36 Are you and the EEA national related outside of your partnership? (\checkmark) |
| Yes (give details below) |
| |
| |
| |
| 1.37 When did your relationship begin? 1.38 When did you start living together? |
| D D / M M / Y Y Y D D / M M / Y Y Y |
| |
| 1.39 Have you ever lived with the EEA national outside of Ireland?(\checkmark) If yes, give details |
| Yes (give details below) No |
| |
| |
| |
| 1.40 Do you intend to live with the EEA national permanently in the State? (\checkmark) |
| Yes No (give reasons below) |
| |
| |

| 1.41 Do yo | ou and the EEA natio | onal have any children together? (✓) |
|----------------------------------|---|---|
| Yes | No | If yes, how many? |
| • | bu have any children her relationship)? (\checkmark) | of whom the EEA national is not the parent (i.e. from a previous |
| Yes | No | If yes, how many? |
| 1.43 Does | the EEA national ha | we any children of whom you are not the parent? (\checkmark) |
| Yes | No | If yes, how many? |
| under th | e age of 18, you mu | s" to 1.41, 1.42 or 1.43 above and any of those children are st enclose details of each child in Annex C and enclose it with altiple sheets if necessary. |
| lhave | e filled out and enclo | sed Annex C for each child (✓) |
| 1.45 Have | you previously subm | itted a notice of intention to marry to a Registrar in Ireland? (\checkmark) |
| ☐ Yes (| give date below) | No Y |
| 1.46 Has th | ere been an objectio | on to your intention to marry in Ireland? (\checkmark) |
| ☐ Yes (/ | give date below) | No Y |
| 1.47 Have the country and | | ed to marry in another country? (\checkmark) If yes, please give the |
| Yes | |] No |
| | C O U N | T R Y O O M M Y Y Y |

| 1.48 Have you previously been refused permission to marry, or had an objection raised against your intention to marry in Ireland or any other country? (✓) |
|--|
| Yes (give details below) No |
| 1.49 Have you ever been considered to be party to a marriage of convenience in Ireland or another country? (✓) |
| Yes (give details below) No |
| 1.50 If you answered 'Yes' to either of the above questions 1.48 or 1.49, please provide the country, date and any details of the decision |
| Country: Date: C O U N T R Y D D / M M / Y Y Y |
| |
| |
| 1.51a Have you or the EEA national ever been married or in a civil partnership before? (\checkmark) |
| Yes (if yes give date below) No |
| 1.51b Please specify which party has been married or in a civil partnership before? (\checkmark) |
| You (applicant) EEA national Both |
| 1.52 Date(s) of divorce, annulment or dissolution. |
| D D / M M / Y Y Y |
| |

| Section 1D | For applicants wh household | no are dependents | and/or mem | bers of the |
|--|---|---|-------------------------------------|---------------------------------------|
| Complete this sec and: | tion if you are a relative c | of the EEA national, or | of their spouse | or civil partner, |
| | ependent on the EEA na before you came to Irelar | | | |
| | ing Ireland, you have cor the EEA national's house | • | nt on the EEA n | ational or be a |
| Before coming t | o Ireland | | | |
| | pendent on the EEA re you came to Ireland? (| 1.54 Were you a EEA nationa | | household of the g to Ireland? (✓) |
| Yes | No | Yes | No | |
| Ireland. This security pay | below of any other sourc could include income fro ments, income from renta give documentary eviden | om employment or self al property, savings, in | -employment, a vestments or an | pension, social y other income. |
| | | | | |
| | ltem | | Amount € | How often |
| | Item | | Amount € | How often |
| | Item | | Amount € | How often |
| | Item | | Amount € | How often |
| | | | Amount € | How often |
| much, how c | ive money from the EEA often and for how long dic ng documentary evidence | you receive these fur | g to Ireland? (√ nds. You should |) If yes, how |
| much, how c correspondir | ive money from the EEA often and for how long dic ng documentary evidence Is below) No | you receive these fur | g to Ireland? (√ nds. You should |) If yes, how |
| much, how c correspondir Yes (give detain How much did yo | ive money from the EEA often and for how long dic ng documentary evidence Is below) No | you receive these fur | g to Ireland? (√ nds. You should |) If yes, how |

How long did you receive these funds?

1.57 Did you receive money from any other relative or friend before coming to Ireland? (✓) If 'Yes', how much, how often and for how long did you receive these funds. You should give corresponding documentary evidence with your application.

| Yes (give details below) | |
|---------------------------------------|--|
| How much did you receive? (€) | |
| How often did you receive the funds? | |
| How were the funds paid to you? | |
| How long did you receive these funds? | |

1.58 What was your address in your home country or other country of residence before you came to Ireland?

| 1.59 Did you live with the EEA national at the same address immediately be | fore you came to |
|--|------------------|
| Ireland? (\checkmark) | |

| Yes |
|-----|
|-----|

| 1.60 Please provide dates of residence at | address | |
|---|---------|--|
| From D D / M M / Y Y Y Y | | |

1.61 For the address given above, did the EEA national (\checkmark)

Own the property outright either individually or jointly

No

Own the property with a mortgage either individually or jointly

Rent the property

Reside rent free

1.62 If the property was jointly-owned, please provide the names of the other owners

| 1.63 If the property was rented, please indicate the type of landlord (✓) and provide contact details below: | | | |
|--|--|--|--|
| Private landlord County council or local authority Voluntary cooperative housing body | | | |
| | | | |
| | | | |
| 1.64 If the property was rented, please provide the names of all tenants: | | | |
| | | | |
| | | | |

1.65 Who else lived at the property and what was the relationship between you and the EEA national and each resident?

| Name | Duration of residence | Relationship to you | Relationship to EEA national |
|------|-----------------------|------------------------|------------------------------|
| | | | |
| | | | |
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| | | | |
| | | | |

1.66 How many rooms were there at this address?

Bedrooms:

Common rooms (e.g. bathrooms, kitchen, sitting rooms):

1.67 Do you pay any rent, mortgage or other payment for your current accommodation? (✓)

Yes (give details below) No

| Expenditure | Amount (€) | Who pays (for example you, relative) |
|---------------|------------|--------------------------------------|
| Rent/Mortgage | | |
| Gas | | |
| Electricity | | |
| Phone | | |
| Food | | |
| Clothing | | |
| Medical Care | | |
| Other | | |

| Since coming to Ireland | | | |
|--|--|--|--|
| 1.68 When did the EEA national enter Ireland? D D M M | 1.69 When did you enter Ireland? D D | | |
| 1.70 If you did not enter Ireland at the sa why below | me time as the EEA national, please give the reasons | | |
| | | | |
| | | | |
| 1.71 Have you been dependent on the E national since coming to Ireland? (✓ | | | |
| Yes No | Yes No | | |
| 1.73 Do you regularly receive money from the EEA national (✓). If yes, how much, how often and for how long did you receive these funds. You should give corresponding documentary evidence with your application. | | | |
| Yes (give details below) | | | |
| How much did you receive? (€) | | | |
| How often did you receive the funds? | | | |
| How were the funds paid to you? | | | |
| How long did you receive these funds? | | | |

1.74 Do you regularly receive money from any other relative or friend? If yes, please specify how much, how often and for how long. You should provide corresponding documentary evidence with your application.

No

Yes (give details below)

| How much did you receive? (€) | |
|---------------------------------------|--|
| How often did you receive the funds? | |
| How were the funds paid to you? | |
| How long did you receive these funds? | |

1.75 If you have any other sources of income, please describe them below (other employment or self-employment, a company or state pension, state benefits, income from rental property, savings, investments, or any other income). Provide documentary evidence of the income(s) given with your application.

| Source of income | Amount € | How often |
|--|----------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| .76 What is your current activity? (\checkmark) | | |
| Employed | | |
| Self employed | | |
| Student | | |
| \square Other (since datails halow) | | |
| Other (give details below) | | |

1.77 Do you currently live with the EEA national? (\checkmark)

Yes

No

1.78 At the address where you reside, does the EEA national: (\checkmark)

Own the property outright either individually or jointly

Own the property with a mortgage either individually or jointly

Rent the property

Reside rent free

| 1.79 If the property is jointly-owned, please provide the names of all owners | | | |
|---|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

1.80 If the property is rented, please tell us the type of landlord (✓) and give contact details below

| Private landlord | County council or local authority | Voluntary cooperative housing body |
|------------------|-----------------------------------|------------------------------------|
| | | |
| | | |
| | | |

1.81 If the property is rented, please provide the names of all named tenants

1.82 Who else lives at the property and what is the relationship between you and the EEA national and each resident?

| residence | to you | Relationship to EEA national |
|-----------|--------|---------------------------------|
| | | |
| | | |
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| | | |
| | | |

| 1.83 How many roo | oms are there at this address? |
|-------------------|--|
| Bedrooms: | Common rooms (e.g. bathrooms, kitchen, sitting rooms): |

1.84 Do you pay any rent, mortgage or other payment for your accommodation? (\checkmark)

No

Yes (give details below)

| Expenditure | Amount € | Who pays for this expenditure? |
|---------------|----------|--------------------------------|
| Rent/Mortgage | | |
| Gas | | |
| Electricity | | |
| Phone | | |
| Food | | |
| Clothing | | |
| Medical Care | | |
| Other | | |

Section 1E Other information

1.85 Give any further information about your financial circumstances before or after coming to Ireland that may be relevant.

1.86 Give details of any emotional or physical support you receive, or have received, from the EEA national. You should provide corresponding documentary evidence with your application.

1.87 Give details of any family in your home country.

1.88 Give details of any compelling or compassionate circumstances that would make it difficult for you to live in your home country without the EEA national. You should provide corresponding documentary evidence.

1.89 Should your application be refused, and it is considered that such a refusal would prevent the EEA national from exercising EU Treaty Rights in the State, please explain why this is the case and provide documentary evidence supporting your claim.

Section 1F Serious medical grounds

Complete this section if you are a relative of the EEA national, or of their spouse or civil partner, and you strictly require the personal care of the EEA national (or of their spouse or civil partner) on serious health grounds.

1.90 What is the nature of your health condition? Please include a report from a medical consultant with your application.

1.91 How long have you had this health condition and how long is it expected to last? These details should be included in the medical report provided for 1.90 above.

1.92 Do you need help or support to do daily tasks, such as washing and dressing yourself, or making food for yourself? (✓) Provide corresponding documentary evidence.

| Yes (give details below) | No |
|--------------------------|----|
| | |
| | |
| | |
| | |

1.93 Who currently provides you with most of your care? Give corresponding documentary evidence.

1.94 If the person indicated in question 1.93 above is not the EEA national named in Section 5, please provide their details on Annex C and enclose it with this application form. If you have more than one carer, you should use multiple sheets.

I have filled out and enclosed Annex C (\checkmark)

| 1.95 P | 1.95 Please outline the nature of the care you receive | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| 1.96 How ofter | n do you need care? (✓) | | | |
|----------------|-------------------------|--------|---------|--|
| Daily | Every few days | Weekly | Monthly | |
| | | | | |

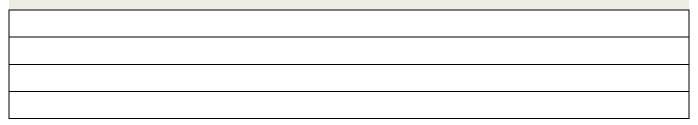
1.97 Do you receive care from any other person or organisation (social services, private carer) not listed above? (✓)

| Yes (give details below) No | |
|-----------------------------|--|
| | |
| | |
| | |

1.98 Before the person specified in **1.93** above started caring for you, did any other person or organisation care for you? (✓)

Yes (give details below) No

1.99 If you answered "Yes" to **1.98** above, please tell us why that caring arrangement stopped (if it has stopped)



| 1.100 Are you currently doir (✓) | ng any paid or unpaid work in Ireland (employed or self-employed)? |
|-------------------------------------|--|
| Yes (give details below) | No |
| | |
| | |
| | |
| | |

1.101 If you wish to give us any further information about your circumstances, please do so below.

- This section asks about any criminal convictions you have.
- This section asks about any involvement you may have had in war crimes, genocide, crimes against humanity or terrorism.
- Please note, if you have received more than 3 charges/indictments/convictions, please photocopy the relevant sections and enclose the completed sections with this form
- If you fail to answer all of these questions as fully and accurately as possible, your application may be refused
- 2.1 Have you ever been charged or indicted in Ireland or in any other country with a criminal offence for which you have not been tried in court? (✓) If you have received more than 3 charges/indictments, please photocopy this page and enclose the completed section with this form.

| Yes (give details below) | No |
|--|----|
| Charge/Indictment No. 1 | |
| Name under which you were charged/indicted | |
| Country where you were charged/indicted | |
| Type of offence | |
| Date of trial | |

| Charge/Indictment No. 2 | |
|--|--|
| Name under which you were charged/indicted | |
| Country where you were charged/indicted | |
| Type of offence | |
| Date of trial | |

| Charge/Indictment No. 3 | |
|--|--|
| Name under which you were charged/indicted | |
| Country where you were charged/indicted | |
| Type of offence | |
| Date of trial | |

2.2 Have you ever been convicted of an offence in Ireland or in any other country? (✓) If yes, please provide details for EACH criminal conviction, starting with the most recent one. If you have received more than 2 criminal convictions, please photocopy this page and enclose the completed section with this form.

| Yes (give details below) | No |
|---|----|
| Criminal conviction No. 1 | |
| Name under which you were convicted | |
| Country where you were convicted | |
| Type of offence | |
| Sentence given | |
| Date sentenced | |
| Term of imprisonment, if any, in months | |

| Criminal conviction No. 2 | |
|---|--|
| Name under which you were convicted | |
| Country where you were convicted | |
| Type of offence | |
| Sentence given | |
| Date sentenced | |
| Term of imprisonment, if any, in months | |

2.3 Are you now, or have you ever been required to comply with conditions following release from prison? (✓) (for example a period of probation or restricted licence)

| Yes (give details below) | No | |
|---|-----------------|--|
| Type of condition imposed | | |
| Date condition started | | |
| Term of condition (date of expiry) | | |
| 2.4 Did you comply, or are you in a | compliance with | n the imposed conditions or restrictions? (\checkmark) |
| Yes | No | |
| 2.5 Have you, in either peace time involvement in, war crimes, crin | • | er been involved in, or been suspected of nanity or genocide? (\checkmark) |
| Yes (give details below) | No | |

2.6 Have you ever been involved in, supported, or encouraged terrorist activities in any country? (✓)

| Yes (give details below) No | |
|--|-------|
| | |
| | |
| | |
| | |
| 2.7 Have you ever been a member of, or given support to an organisation, which has be associated with terrorism? (✓) | en |
| Yes (give details below) No | |
| | |
| | |
| | |
| | |
| 2.8 Have you ever served in a military force, or State-sponsored private militia, undergo military or paramilitary training, or been trained in the use of weapons and/or explos (✓) | |
| Yes (give details below) No | |
| | |
| | |
| | |
| | |
| 2.9 Have you ever been deported/removed from Ireland or from any other country? (\checkmark) | |
| Yes (give details below) No | |
| Date of Deportation/Removal | |
| Country deported/removed from | |
| Country deported/removed to | |
| | |
| 2.10 Are you, or have you ever been, subject to a deportation, exclusion or removal ord Ireland or in any other country? (✓) | er in |
| Yes (give details below) No | |
| Type of order | |
| Date of order | |
| Status of order | |

2.11 Have you ever applied for permission to visit or reside in another EU Member State or the United Kingdom? If you answered 'Yes' to previous question, you should provide evidence of entry and exit to each State.

| Yes (give details b | pelow) | No | | |
|-----------------------------------|----------------|----|------------------------|----------------|
| <u>Type of</u> Visa/Permission | <u>Country</u> | | Outcome of application | Length of stay |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2.12 Have you ever been denied permission to enter or remain in any other country? (\checkmark)

| Yes (give details be | low) No | |
|------------------------------|---------|--|
| Type of permission denied | | |
| Name of Country | | |
| Date of denial of permission | | |

2.13 Provide details of all countries you have visited in the last 10 years. If necessary, photocopy this section and submit with this application?

| <u>Country</u> | Date of Travel | Reason for visit | Length of stay |
|----------------|----------------|------------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

2.14 Do you have any children living in Ireland or in any other country of whom the EEA national is not the parent? (✓) If yes, please provide names, dates of birth and current locations of the children.

2.15 In the country from which you have come, please outline your living circumstances (\checkmark)

| Homeowner | Tenant/Renter | Guest | Other (give details below) |
|-----------|---------------|-------|----------------------------|
| | | | |
| | | | |
| | | | |

2.16 If you have indicated homeowner in 2.15, do you still own this property? (✓) If you do, please explain its current status (empty, rented, who still resides there)

Yes (give details below) No

2.17 Provide all addresses at which you have lived in the last 10 years. Please provide the dates you lived at the address. If necessary, photocopy this section and submit with this application.

| _ | Address | Dates you lived there |
|---|---------|-----------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

Section 3 Applicant's document and evidence checklist

Please provide **photocopies** of the documents requested below. Identity documents and civil certificates should be photocopied in colour and photocopies should include all pages (including blank passport pages).

- Please complete this checklist to show what documents you are providing with your application
- .A decision will be made on your application based on the information in this application form and the supporting documents you submit with the form
- If you wish to send any documents that are not in English, you must get the document translated by a qualified professional translator. The translator must confirm in writing on the translation:
 - ✓ that the translation is a true and accurate translation of the original document
 - ✓ the date of the translation
 - ✓ the full name and contact details of the translator or representative of the translation company
 - Multilingual standard forms of certain public documents, civil certificates issued within the EU may be available without the necessity to obtain a certified translation. For further details, visit the following webpage:-<u>https://e-justice.europa.eu/551/EN/public_documents</u>
- Immigration Service Delivery will not provide written correspondence acknowledging each document you submit with this application

| | Description | Tick if you have submitted | Number of pages | For Official Use |
|-----|--|----------------------------------|--------------------|------------------------|
| | Identity documents | (√) | | |
| 1. | Passport of the applicant (all pages) | | | |
| 2. | Passport/National Identity Card of the EEA national (all pages) | | | |
| 3. | 2 passport photos for both the applicant and the EEA national (signed on back) | | | |
| | Residency documents if renting | | | |
| 4. | Tenancy Agreement | | | |
| 5. | Letter from landlord/letting agent including contact details | | | |
| 6. | Letter from local authority/County Council | | | |
| 7. | Utility bills in your name and the EEA national's name | | | |
| 8. | Bank statements | | | |
| 9. | Evidence of rent payments | | | |
| | Residency documents if a home owner | | | |
| 10. | Title or Deeds as applicable | | | |

| 11. | Letter from Mortgage Provider/Local authority/County Council | | |
|-----|--|--|--|
| 12. | Utility bills in your name and the EEA national's name | | |
| | Residency documents if living with a home owner | | |
| 13. | Evidence of home ownership, e.g. title deeds/letter from mortgage provider | | |
| 14. | Utility bills in the home owner's name | | |
| 15. | Letter from the home owner confirming the residency of both you and the EEA national at the property including contact details | | |
| | Residency documents if you are living with a tenant | | |
| 16. | Tenancy agreement in their name | | |
| 17. | Letter from the tenant confirming the residence of you and the EEA national including contact details | | |
| 18. | Letter from landlord confirming the residence of you and the EEA national including contact details | | |
| 19. | Utility bills in the tenant's name. | | |
| | Evidence of Relationship | | |
| 20. | Birth/adoption certificate | | |
| 21. | Evidence of a durable relationship (such as birth certificates of any children of the relationship) | | |
| 22. | Evidence of dependency or household membership (such as money transfer receipts, corresponding bank statements etc.) since arrival in the State | | |
| | Evidence of dependency or household membership (such as money transfer receipts, corresponding bank statements etc.) in the country from which you have come | | |
| 24. | Evidence of strictly requiring the care of the EEA national (such as a detailed medical report from a professional registered with the Irish Medical Council) | | |
| 25. | Previous immigration or residence documents (such as registration certificates, residence card, residence permit or previous passports) both in the State <u>and</u> in the country from which you have come | | |

| | Any other documents you have submitted in this application | | |
|-----|--|--|--|
| 26. | | | |
| 27. | | | |
| 28. | | | |
| 29. | | | |
| 30. | | | |
| 31. | | | |
| 32. | | | |

Section 4 Declaration

You (the applicant) must read the declaration below and sign it. It must be signed by you and not by a representative or other person acting on your behalf. If you are under 18, your parent or guardian may sign it.

Warning: If you do not submit a signed declaration, your form will be returned to you.

I hereby apply for an assessment for myself. The information I have given is complete and is true to the best of my knowledge. I also declare that the photographs submitted with this form are a true likeness of me. I confirm that if, before my application is decided, there is a material change in my circumstances or new information relevant to this application becomes available, I will inform the EU Treaty Rights Division of the Department of Justice in writing immediately. I understand that any false or misleading information or fraudulent supporting documentation submitted will result in the refusal of this application.

I acknowledge that the EU Treaty Rights Division may make enquiries to confirm any of the details or documents provided by me in this application, including my participation in an interview process.

I am aware that a person who asserts an entitlement to any rights on the basis of information which he or she knows to be false or misleading in a material particular shall be guilty of an offence and shall be liable on summary conviction to a fine not exceeding €5,000 or to a term of imprisonment not exceeding 12 months, or both.

Name of Applicant (BLOCK CAPITALS)

Signed by Applicant

Date: ____

Name of Parent/Guardian of applicant if aged under 18 (BLOCK CAPITALS)

Signed by Parent/Guardian of applicant if aged under 18

Date: _____

Section 5 EEA national's details

| 5.1 Su | rnar | ne / | Fam | nily I | nam | ie (a | as sł | NOW | n in | pas | spo | rt) | | | | | | | | | | | |
|----------------|---------------|-------|-----------------|------------|--------|-----------|---------------------|-----|-----------|----------------|------|--------|------|-------|----------------|------|------|------|-----|------|-------------|-------|----------|
| | | | | | | | | | | | | | | | | | | | | | | | |
| 5.2 Fo | rena | ime | (s) (a | as s | how | 'n in | pas | spc | ort) | | | | | | | | | | | | | | |
| | | | | | | | | - | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 5.3 Oth bee | ner r en k | | | (ma | aide | n na | ıme, | nai | me a | at bi | rth, | any | othe | er na | ame | s by | ′ wh | ich | you | are | or h | nave | • |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 5.4 Da |]/[| | М / | / Y | Y Y | Y Year | Y | | 5.5 (| Gen [Fe | der | | ner | 5.6 | ISC | Pe | rsor | n ID | Nur | nbe | r (if | know | n) |
| 5.7 Na | tion | ality | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 5.8 Pla | | and | cour | ntry | of b | irth | | | | | | | | | | | | | | | | | |
| 5.9 Do | | | e EE letails | belo | ow) | | holo No ality | | ' hav | ve y | ou e | ver | helo | | ny of ate l | | | | | | | ld to | , |
| | | | | | Itat | | inty | | | | | | | | | | | | | Juio | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 5.10 C | urre | nt h | ome | ad | dres | s in | Irel | and | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 5.11 A | ddre | ess I | Eirco | de | | | | | 5.1 | 2 C | onta | ict te | elep | hon | e nu | mbe | ər | | | | | | |

| 5.13 Email address | |
|--|--|
| | Id a PPS Number e did you get it? |
| 5.16 Old Department Reference (if you have one) 6 9 / | |
| 5.17 Passport or National Identity Card number | 5.18 What date did you arrive in Ireland? D D / M M / Y Y Y Y |
| 5.19 Why are you moving to Ireland? | |
| 5.20 Have you previously visited or resided in Ireland? If ye visits or residence, durations of visits or residence, reafter departure from Ireland. (✓) | |
| Yes (give details below) No | |
| | |
| | |

5.21 Have you previously, or are you now sponsoring any other EU Treaty Rights applications or permissions in Ireland or in any other EU Member State or the United Kingdom? (✓)

Yes

No

Section 5A Activity of the EEA national in the country from which they have come

| 5.22 Type of activity (✓) | |
|---|---|
| Employment | Self-employment Study |
| Involuntary unemployment | Residing with sufficient resources |
| | |
| 5.23 Name of your previous emp | |
| 5.24 Address of employer, busin | ness or college |
| | |
| 5.25 Total duration of activity | 5.26 End date of activity |
| | Aonths DD/MM/YYYY |
| | |
| | locumentation or certificate of cessation, for example a P45 |
| | Detail Summary when you ceased the above activity? If you yof that certificate/document with your application. (✓) |
| were, please provide a copy | |
| were, please provide a copy | |
| were, please provide a copy | y of that certificate/document with your application. (✓) |
| were, please provide a copy | y of that certificate/document with your application. (✓) |
| were, please provide a copy Yes No 5.28 Circumstances of unemploy | y of that certificate/document with your application. (\checkmark) yment (e.g. voluntary or involuntary) or cessation of activity |
| were, please provide a copy Yes No 5.28 Circumstances of unemploy | y of that certificate/document with your application. (✓) |
| were, please provide a copy Yes No 5.28 Circumstances of unemploy | y of that certificate/document with your application. (\checkmark) yment (e.g. voluntary or involuntary) or cessation of activity |
| were, please provide a copy Yes No 5.28 Circumstances of unemploy | y of that certificate/document with your application. (\checkmark) yment (e.g. voluntary or involuntary) or cessation of activity |
| were, please provide a copy Yes No 5.28 Circumstances of unemploy | y of that certificate/document with your application. (\checkmark) yment (e.g. voluntary or involuntary) or cessation of activity |
| were, please provide a copy Yes No 5.28 Circumstances of unemploy 5.29 If studying or residing with a 5.30 Annual income from | y of that certificate/document with your application. (✓) yment (e.g. voluntary or involuntary) or cessation of activity sufficient resources, details of financial resources: 5.31 If you were self-employed, is the |
| were, please provide a copy Yes No 5.28 Circumstances of unemploy 5.29 If studying or residing with s | y of that certificate/document with your application. (✓) yment (e.g. voluntary or involuntary) or cessation of activity sufficient resources, details of financial resources: |

5.32 Have you been named as the EEA national in any other EU Treaty Rights applications for any other individual in Ireland or in any other EU Member State or the United Kingdom? (✓)

| Yes (give details below |) No | | |
|----------------------------------|--|--------------------|-------------------------|
| Country | | | |
| Date of application | | | |
| Outcome of application | | | |
| Name of other individual | | | |
| 5.33 What was your living | arrangements in the country f | rom which you have | e come (✓) |
| Property owner | Property renter | Residing | with friends/family |
| Other (give details) | | | |
| | | | |
| 5.34 If you were a property? (✓) | ty owner in the country from wh | nich you have come | e, do you still own the |
| Yes | No | | |
| Section 5B Rela natio | tionship status of EEA n onal | ational and chil | dren of EEA |
| 5.35 Marital status (✓) | | | |
| Single Ma | arried Recognised Civil partner | Divorced | Widowed |
| | rviving ecognised vil Partner | | |
| | r in a recognised civil partnersl C and enclose it with this appli | | the details of spouse |
| I have filled out and | enclosed Annex C for my spo | use/partner | |
| | or in a recognised civil partner w. You should supply any civil on or death. | | |
| | | | |
| | | | |

| 5.38 Do you have any children? (✓) |
|---|
| Yes No If yes, how many? |
| 5.39 If you have children, you must enclose details of each child in Annex C and enclose it with this application form. Use multiple sheets if necessary. |
| I have filled out and enclosed Annex C for each child (\checkmark) |
| 5.40 Do you have any children living in Ireland or any other country of whom the applicant is not the parent? (✓) If yes, please provide names, dates of birth and current locations of the children. |
| Yes (give details below) No |
| |
| |
| 5.41 If your children are not residing with you, are financial maintenance arrangements in place? (✓) If yes, please specify whether the arrangements are approved or directed by a relevant court, and give details. |
| Yes (give details below) |
| |
| |
| |
| |
| 5.42 Are there any formal or informal custody or right of access agreements in relation to your children? (✓) If yes, you should enclose a copy of the court order or written agreement as applicable and give details below. |
| Yes, formal (details below) Yes, informal (details below) No |
| |
| |
| |
| |

Section 5C Current activity of the EEA national in the State

| 5.43 Type of activity (✓ |) | | |
|---------------------------------|---------------------|------------------------------|---|
| (A) Employment | (B) Self-employment | (C) Involuntary unemployment | (D) Residing with sufficient resources |

Please fill out Parts (A - D) below as applicable to the current activity of the EEA national in the State.

<u>NOTE</u>: It is important to provide accurate contact details for your employer as we may contact them to verify the information provided.

A. Employment

| .44 Name of employer |
|---|
| |
| |
| 45 Address of workplace |
| |
| .46 Workplace address 5.47 Employer's contact telephone number Eircode |
| 5.48 Employer's email address |
| |
| 5.49 Monthly net income 5.50 Average hours worked weekly 5.51 Type of contract (✓) |
| E Permanent Tempora |
| 5.52 Date you started this employment 5.53 Job title |
| |

B. Self-employment

| 5.54 Name of bus | siness | | | |
|------------------------|---------------------|-------------------|-----------------|---|
| | | | | |
| 5.55 Class of self | f-employment (If of | her give details | 5) (√) | |
| Sole | | | | |
| Trader | | rtnership | Limited Company | |
| Other | | | | |
| 5.56 Type of bus | iness (e.g. service | s offered, produ | ucts made/sold) | |
| | | | | |
| | | | | |
| 5.57 Address of b | ousiness | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 5.58 How do you | advertise the busi | ness? | | |
| | | | | |
| | | | | |
| 5.59 Contact tele | phone number of I | ousiness | | |
| | | | | |
| | | | | |
| 5.60 Email addre | ess of business | | | |
| | | | | |
| | duada fau tha huain | aas if analisahl | - | |
| 5.61 Website add | dress for the busin | ess if applicable | e | |
| | | | | |
| 5 62 Data husing | se started trading | 5 63 Numb | er of employees | |
| | ss started trading | | | 1 |
| | | | | L |

| 5.64 Date you registered with Revenue for self-assessment | 5.65 Has a P35 return or equivalent been made for the business? (✓) |
|--|---|
| D D / M M / Y Y Y Y | Yes No |
| 5.66 Date on which tax returns are due | 5.67 Do you pay PRSI? (✓) |
| D D / M M / Y Y Y Y | Yes No |
| 5.68 Is the business registered for VAT? (✓) | 5.69 Name of accountant/tax advisor if applicable |
| Yes No | |
| 5.70 Are you a director of the compared | ny in which you are self-employed? (\checkmark) |
| Yes (give details below) No | |
| 5.71 If 'Yes' do you pay PAYE? (✓) | |
| Yes (give details below) No | |
| 5.72 What is your role in the busines | s? |
| | |
| | |
| | |

| 5.73 Monthly operating costs | 5.74 Monthly net income | 5.75 Hours worked monthly |
|------------------------------|-------------------------|---------------------------|
| € | € | |

C. For an EEA national who is involuntarily unemployed

| 5.76 Name of your most recent | employer | |
|--|--|--|
| | | |
| 5.77 Address of your most rece | ent employer | |
| | | |
| 5.78 Employer address 5.79 Most recent employer's contact telephone number | | |
| 5.80 What were the circumstand | ces of your unemployment? (✓) | |
| Voluntary | Involuntary | |
| 5.81 How long did your most recent employment last? 5.2 What date did your most recent employment end? | | |
| Years | lonths D | D / M M / Y Y Y Y |
| 5.83 Monthly income | 5.84 Are you registered Protection (DSP)? | with the Department of Social (\checkmark) |
| € | Yes | No |
| 5.85 If you are in receipt of any | payments from DSP, please give | e details below. |
| Type of payment | Date payments started | Amount you receive (weekly) € |
| | | |
| | | |
| | | |
| | | |

D. For an EEA national who is residing with sufficient resources

Complete this section if you are residing in the State with enough financial resources available so as not to become a financial burden on the State.

| 5.86 Date you first resider sufficient resources | d in the State with | | |
|---|------------------------------|-------------------------------|-------------------------|
| | Y Y Y Y | | |
| 5.87 Source of income (If | other give details) (1) | | |
| Pension Other | Stocks/Shares etc. | Third party funds | |
| 5.88 Are you receiving ar | y State funds from this or | from any other State? (✓) | |
| Yes (give details belo | ow) 🗌 No | | |
| | | | |
| 5.89 Name of person who current place of resid | | to you, their relationship to | you and their |
| | | | |
| | | | |
| 5.90 Amount of funds available. | | | |
| € | | | |
| 5.91 If funds are from a the | nird party, please provide d | letails below | |
| Third parties relationship to you | Method of payment | Regularity of payments | Amount you receive € |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

5.92 Monthly living expenses for you and your dependents

| Expenditure | Amount € |
|---------------|----------|
| Rent/Mortgage | |
| Gas | |
| Electricity | |
| Phone | |
| Food | |
| Clothing | |
| Medical Care | |
| Other | |

5.93 Do you have comprehensive private medical insurance for yourself and any dependents residing with you in Ireland? (✓)

| ☐ Yes (give details below) | No |
|----------------------------------|----|
| Insurance provider - | |
| insurance provider - | |
| Name of plan and policy number - | |
| When did the plan commence? - | |
| Evidence of payment - | |

Section 6 Personal History of the EEA national

- This section asks about any criminal convictions you have.
- This section asks about any involvement you may have had in war crimes, genocide, crimes against humanity or terrorism.
- Please note, if you have received more than 3 charges/indictments/convictions, please photocopy the relevant sections and enclose the completed sections with this form
- If you fail to answer all of these questions as fully and accurately as possible, your application for a residence card may be refused
- 6.1 Have you ever been charged or indicted in Ireland or in any other country with a criminal offence for which you have not been tried in court? (✓) If you have received more than 3 charges/indictments, please photocopy this page and enclose the completed section with this form.

| Yes (give details below) | No |
|--|----|
| Charge/Indictment No. 1 | |
| Name under which you were charged/indicted | |
| Country where you were charged/indicted | |
| Type of offence | |
| Date of trial | |

| Charge/Indictment No. 2 | |
|--|--|
| Name under which you were charged/indicted | |
| Country where you were charged/indicted | |
| Type of offence | |
| Date of trial | |

| Charge/Indictment No. 3 | |
|--|--|
| Name under which you were charged/indicted | |
| Country where you were charged/indicted | |
| Type of offence | |
| Date of trial | |

6.2 Have you ever been convicted of an offence in Ireland or in any other country? (✓) If yes, please provide details for EACH criminal conviction, starting with the most recent one. If you have received more than 2 criminal convictions, please photocopy this page and enclose the completed section with this form.

| Ye | s (give | details | below |) |
|----|---------|---------|-------|---|
|----|---------|---------|-------|---|

No

| Criminal conviction No. 1 | |
|---|--|
| Name under which you were convicted | |
| Country where you were convicted | |
| Type of offence | |
| Sentence given | |
| Date sentenced | |
| Term of imprisonment, if any, in months | |

| Criminal conviction No. 2 | |
|---|--|
| Name under which you were convicted | |
| Country where you were convicted | |
| Type of offence | |
| Sentence given | |
| Date sentenced | |
| Term of imprisonment, if any, in months | |

6.3 Are you now, or have you ever been required to comply with conditions following release from prison? (✓) (for example a period of probation or restricted licence)

| Yes (give details below) | No | |
|------------------------------------|----|--|
| Type of condition imposed | | |
| Date condition started | | |
| Term of condition (date of expiry) | | |

| 6.4 Did | you comply, or are | you in complia | ance with the imposed | l conditions or restrictions? | (√ |) |
|---------|--------------------|----------------|-----------------------|-------------------------------|----|---|
| | | | | | | |

| | | Г |
|-----|----|---|
| Yes | No | |

6.5 Have you, in either peace time or war time, ever been involved in, or been suspected of involvement in, war crimes, crimes against humanity or genocide? (✓)

| Yes (give details below) No |
|--|
| |
| |
| |
| 6.6 Have you ever been involved in, supported, or encouraged terrorist activities in any country? (✓) |
| Yes (give details below) No |
| |
| |
| |
| 6.7 Have you ever been a member of, or given support to an organisation, which has been associated with terrorism? (✓) |
| Yes (give details below) No |
| |
| |
| |
| 6.8 Have you ever served in a military force, or State-sponsored private militia, undergone any military or paramilitary training, or been trained in the use of weapons and/or explosives? (✓) |
| Yes (give details below) No |
| |
| |
| |
| 6.9 Have you ever been deported/removed from Ireland or from any other country? (\checkmark) |
| Yes (give details below) No |
| Date of Deportation/Removal |
| Country deported/removed from |
| Country deported/removed to |

6.10 Are you, or have you ever been, subject to a deportation, exclusion or removal order in Ireland or in any other country? (✓)

| | Yes | (give | details | below) | |
|--|-----|-------|---------|--------|--|
|--|-----|-------|---------|--------|--|

| Type of order | |
|-----------------|--|
| Date of order | |
| Status of order | |

6.11 Have you ever been denied permission to enter or remain in any other country? (\checkmark)

No

| | Yes | (give | details | below) | |
|--|-----|-------|---------|--------|--|
|--|-----|-------|---------|--------|--|

| NC |
|----|
| |

| Type of permission denied | |
|------------------------------|--|
| Name of Country | |
| Date of denial of permission | |

6.12 Provide details of all countries you have visited in the last 10 years. If necessary, photocopy this section and submit with this application?

| <u>Country</u> | Date of Travel | Reason for visit | Length of stay |
|----------------|----------------|------------------|----------------|
| | | | |
| | | | |
| | | | |
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| | | | |
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| | | | |
| | | | |

6.13 In the country from which you have come, please outline your living circumstances (\checkmark)

| Homeowner | Tenant/Renter | Guest | Other (give details below) |
|-----------|---------------|-------|----------------------------|
| | | | |
| | | | |
| | | | |

6.14 If you have indicated homeowner in 6.13, do you still own this property? (✓) If you do, please explain its current status (empty, rented, who still resides there)

| Yes (give details below) | No |
|--------------------------|----|
| | |
| | |
| | |

6.15 Provide all addresses at which you have lived in the last 10 years. If necessary, photocopy this section and submit with this application? Please provide the dates you lived at the address.

| _ | Address | Dates you lived there |
|----|---------|-----------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |

Section 7 EEA national's document and evidence checklist

Please provide **photocopies** of the documents requested below. Identity documents and civil certificates should be photocopied in colour and photocopies should include all pages (<u>including</u> <u>blank passport pages</u>).

- Please complete this checklist to show what documents you are providing with your application
- If you wish to send any documents that are not in English, you must get the document translated by a qualified professional translator. The translator must confirm in writing on the translation:
 - that the translation is a true and accurate translation of the original document
 - the date of the translation
 - the full name and contact details of the translator or representative of the translation company
 - Multilingual standard forms of certain public documents, civil certificates issued within the EU may be available without the necessity to obtain a certified translation. For further details, visit the following webpage:-<u>https://e-justice.europa.eu/551/EN/public_documents</u>
- Immigration Service Delivery will not provide written correspondence acknowledging each document you submit with this application

| | | Tick if you have submitted | Number of pages | For Official Use |
|----|--|----------------------------------|--------------------|------------------------|
| | Evidence of Dependence | (√) | | |
| 1. | Evidence of applicant's dependency on you or household membership (such as money transfer receipts, corresponding bank statements etc.) since arrival in the State | | | |
| 2. | Evidence of applicant's dependency on you or household membership (such as money transfer receipts, corresponding bank statements etc.) in the country from which you and/or the applicant have come | | | |
| 3. | Immigration or residence documents (such as residence card, residence permit or previous passports) in the country from which you have come | | | |

| | Evidence of the EEA national's current activity in the State | | |
|----|--|--|--|
| | If the EEA national is in employment | | |
| 4. | Declaration signed and stamped by employer (Appendix B) | | |
| 5. | Signed and dated contract of employment | | |
| 6. | 2 recent payslips | | |
| 7. | Most recent P60 certificate (or Employment Detail Summary) or amended tax credit certificate | | |
| 8. | Corresponding bank statements to show earnings | | |
| | If the EEA national is self-employed | | |
| 9. | Agreed Tax assessment from Revenue Commissioners for last financial year | | |

| 10. | Letter of registration for self-assessment of income tax (Revenue) | | |
|-----|---|--|--|
| 11. | Certificate from Companies Registration Office | | |
| 12. | Sales/Service invoices for the last 6 months | | |
| 13. | Corresponding bank statements for the business for the last 6 months | | |
| | If the EEA national is involuntarily unemployed | | |
| 14. | Letter from Department of Social Protection outlining any benefits which have been received | | |
| 15. | Letter from most recent employer outlining circumstances of redundancy | | |
| 16. | P45 certificate or Employment Detail Summary for last employment | | |
| 17. | P60 certificate or Employment Detail Summary for previous 1 year | | |
| | If the EEA national is residing with sufficient resources | | |
| 18. | Evidence of your financial resources e.g. bank statements | | |
| 19. | Letter from Department of Social Protection outlining any benefits which have been received | | |
| 20. | Letter from private comprehensive medical insurance provider for you and your dependents | | |
| 21. | Copy of private comprehensive health insurance policy | | |
| 22. | Evidence of payment of private comprehensive health insurance policy | | |

You (the EEA national) must read the declaration below and sign. It must be signed by you and not by a representative or other person acting on your behalf. If you are under 18, your parent or guardian may sign it.

Declaration

The information I have given is complete and is true to the best of my knowledge. I also declare that the photographs submitted with this form are a true likeness of me. I confirm that if, before my application is decided, there is a material change in my circumstances or new information relevant to this application becomes available, I will inform the EU Treaty Rights Division of the Department of Justice in writing immediately. I understand that any false or misleading information or fraudulent supporting documentation submitted will result in the refusal of this application.

I acknowledge that the EU Treaty Rights Division may make enquiries to confirm any of the details or documents provided by me in this application, including my participation in an interview process.

I am aware that a person who asserts an entitlement to any rights on the basis of information which he or she knows to be false or misleading in a material particular shall be guilty of an offence and shall be liable on summary conviction to a fine not exceeding €5,000 or to a term of imprisonment not exceeding 12 months, or both.

Name of EEA national (BLOCK CAPITALS)

Signed by EEA national

Date:

Name of Parent/Guardian of EEA national if aged under 18 (BLOCK CAPITALS)

| | | | | | | | | | | | | 1 |
|--|--|--|--|--|--|--|--|--|--|--|--|---|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | 1 |
| | | | | | | | | | | | | |

Signed by Parent/Guardian of EEA national if aged under 18

Date: _____

- This section asks about the EEA national's employment.
- Please give details of your employer below.
- If you have more than one employment, you should copy Appendix A and B, complete for every employment and enclose with the application
- Please also provide proof of your income or salary
- Wage slips for the last 3 months and bank statements showing receipt of income should be provided.
- Please complete the checklist on pages 50 and 51
- Immigration Service Delivery may contact your employer to verify the information you provided.

A1 Name of employer (business or company)

| | | ` | | | | , | | | | | | | | |
|--|--|---|--|--|--|---|--|--|--|--|--|--|--|-----|
| | | | | | | | | | | | | | | 1 |
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| | | | | | | | | | | | | | | i i |
| | | | | | | | | | | | | | | i i |

A2 Type of business (e.g. services offered, products made/sold)

A3 Address of business

A4

| A5 Contact telephone number for employer | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |

A6 What date did you start your employment with the business?

| DD/ | MV | / Y | Υ | Υ | Υ |
|-----|----|-----|---|---|---|
|-----|----|-----|---|---|---|

A7 How many hours per week do you work on average?

| A8 Salary/Wages | A9 Frequency of p | ayment (✓) |
|---|--|------------------|
| € | Weekly | Monthly Annually |
| A10 Please indicate what type | of employment this is (\checkmark) | |
| Permanent full time | Part time | Temporary |
| If you answered Tempora expected duration of the c | | |

Appendix B

Employers Declaration

- This section must be completed in full and submitted with your application form and should be stamped where applicable.
- It must be signed and dated by your employer/s
- Immigration Service Delivery may contact an employer to verify the information provided

| B1 Name of business or company | |
|---|--|
| | |
| | |
| B2 Type of business (e.g. services offered, products made/sold) | |
| | |
| | |
| B3 Address of business | |
| | |
| | |
| | |
| | |
| | |
| B4 Business Eircode B5 Contact telephone number for business | |
| | |

B6 What date did this person start their employment with the business?



B7 How many hours per week does this person work on average?

B8 Salary/Wages B9 Frequency of payment (✓) € Weekly Monthly Annually

| B10 Method of Payment (✓) | |
|--|---|
| Cash Cheque E | EFT (electronic funds transfer) Other (Please explain below) |
| | |
| | |
| B11 Please indicate what type of employr | ment this is (✓) |
| Permanent full time | Part time Temporary |
| B12 Name (employer or authorised perso | n) |
| | |
| B13 Position held in the company | |
| | |
| I can confirm that | (name of employee) has been, and is |
| currently, employed by | |
| above. | |
| B14 Signature | |
| | |
| | |
| B15 Date | B16 Company stamp or seal (If you do not have one, state "None") |
| DD/MM/YYYY | |
| | |
| | |
| | |