ATTACH PHOTOGRAPH (last 6 months)

WA ☐☐☐☐☐☐

IRELAND

WORK AUTHORISATION APPLICATION FORM

1. **Surname:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2. **Forename(s):** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3. **Date of birth:** day ☐☐ month ☐☐ year ☐☐☐☐

4. **Country of birth:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

5. **Citizenship:** _____ 6. **Sex:** male ☐ female ☐

7. **Personal status :** single ☐ married ☐ widowed ☐ divorced ☐ separated ☐

8. **Present address:** _____

9. **Daytime telephone number:** _____

10. **Passport no.:** _____ **expiry date :** _____ **issuing country:** _____

11. **Skills Category:** ICT Professional ☐ ICT Technician ☐ Architect ☐ Building Surveyor ☐
Quantity Surveyor ☐ Construction Engineer ☐ Town Planner ☐
Nurse ☐ Medical Practitioner ☐ Dentist ☐
Health and Social Care Professional (specify) _____

12. **Name and Address of Employer** _____

_____

13. **I declare that the details I have given are correct**

Signature of Applicant _____

Date _____