



CONDITION OF ENTRY EMPLOYMENT

PLEASE READ THE ENTRY PERMIT INFORMATION DOCUMENT BEFORE COMPLETING THIS FORM

If you are visiting Ascension to work, you need to complete this form. The form must be completed in English, write in BLOCK CAPITALS and use black ink. Attached to this application is a 'How to complete guide' using this guide it is important that you complete all questions as indicated, as a decision on your application is based on the information contained here without interviewing you

TRAVEL DATES

On which date do you intend to arrive on Ascension

On which date do you intend to leave Ascension

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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Method of Travel: by Sea by Air

Method of Travel: by Sea by Air

Will your accompanying family be travelling with you? Yes No *If yes complete part 8*

Part 1 APPLICANTS INFORMATION *(Put a cross (x) in the relevant box)*

1 Given Name *(As shown on Passport)*

2 Other name(s) *(i.e. if changed by marriage or by law)*

3 Gender
Male Female

4 Marital Status
Single Married

5 Date of Birth

D	D	M	M	Y	Y	Y	Y
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6 Place of Birth:

7 Nationality:

11 Full residential address

8 email address:

9 Telephone No:

10 Fax No:

Part 2 PASSPORT INFORMATION

Enter details of your passport *(Passport must be valid for another six months after arrival)*

1 Passport No:

2 Place of Issue:

3 Date of Issue:

D	D	M	M	Y	Y	Y	Y
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4 Expiry Date:

D	D	M	M	Y	Y	Y	Y
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5 Issuing Authority:

Part 3 EMPLOYMENT *(Put a cross (x) in the relevant box)*

1 Which of the listed companies/organisations is employing you?

- | | |
|--|---|
| <input type="checkbox"/> Babcock International Group Limited | <input type="checkbox"/> Bank of St Helena |
| <input type="checkbox"/> Interserve Defence Limited | <input type="checkbox"/> Sure South Atlantic (Ascension Island) |
| <input type="checkbox"/> Solomons & Company (St Helena) PLC | <input type="checkbox"/> Obsidian Group Limited |
| <input type="checkbox"/> Saints Members Club | <input type="checkbox"/> Naafi |
| <input type="checkbox"/> Territory Broadcasting Pty Ltd | <input type="checkbox"/> Atlantic Fishing Charters |
| <input type="checkbox"/> CSO | <input type="checkbox"/> Ascension Island Adventures |
| <input type="checkbox"/> Seafish Chandlery Limited | <input type="checkbox"/> Ascension Island Fishing Charters |
| <input type="checkbox"/> Diocese of St. Helena | |

2 What is your occupation?

3 What is your employment status? Single: Accompanied:

4 Contract start:

D	D	M	M	Y	Y	Y	Y
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5 Expiry Date:

D	D	M	M	Y	Y	Y	Y
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6 Contact details of employer on Ascension?

Contacts Name :

Position :

Tel No :

e mail address :

Fax No :

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- 7 What will your address be on Ascension? *(Building/Room No, Area)*
- 8 Employer paying passage fees to and from Ascension? Yes No Dependents Yes No
- 9 Employer providing Medical Insurance including Medical Evacuation? Yes No

Part 4 INSURANCE *(Put a cross (x) in the relevant box)*

- 1 Do you have medical insurance including medical evacuation? *(If no, insurance must be obtained prior to arrival)* Yes No
- Insurer: Policy No:
- Issued:
- Expiry:

Important Note: Proof of Insurance (policy) must be produced on entry to Ascension; a credit card will not suffice.

Part 5 PREVIOUS APPLICATION & TRAVEL HISTORY *(Put a cross (x) in the relevant box)*

- 1 Have you travelled to Ascension before? Yes No
- 2 Have you been refused entry to Ascension or any other country? Yes No
- 3 Have you been deported or removed or otherwise asked to leave Ascension or any other country? Yes No
- 4 Do you have any criminal convictions in any country (including spent convictions)? Yes No
- 5 Have you ever been investigated in any country for an offence which has not yet reached court? Yes No

Note: If you have answered Yes to any of the questions above please give details at Part 6 - Additional information

Part 6 ADDITIONAL INFORMATION

- 1 *(When inserting information, include the paragraph numbers i.e. Part 4. 1 – DATE 01.01.2010, TRANSIT TO ST HELENA, DURATION 4 DAYS)*

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If you run out of space please use additional paper to provide us with all the relevant information required

Part 7 DECLARATION

I hereby apply for an Entry Permit for Ascension Island.

- 1 I confirm that before this application is decided, there is a material change in my circumstances or new information relevant to this application becomes available, I will inform the Administrator of the Ascension Island Government.
- 2 I am aware that it is an offence to make a statement which I know to be false, or not believe to be true
- 3 I am aware that I must have medical insurance which also covers medical evacuation and that Ascension Island Government will not accept liability for any medical costs incurred and will be billed for any medical treatment undertaken and I do not have recourse to public funds
- 4 I have sufficient finance to sustain me during my time on Ascension
- 5 I will abide by any of the conditions that is imposed on my Entry Permit
- 6 I understand that I will commit an offence if I do not leave Ascension on or before my Entry Permit expires and If I remain on Ascension I may be prosecuted and or deported
- 7 I have not tried to obtain Entry into Ascension by fraud, false representation or concealment of any material fact

I declare that the information given, I answered fully and truthfully.

8 **Applicants Signature**

9 **Date:**

Completed forms should be scanned and sent to aig.admin@ascension.gov.ac or faxed to 00 247 66186.

GUIDANCE NOTES

These guidance notes are to help you complete your application form. Do not send these guidelines with your application

TRAVEL DATES

Enter the dates of your intended arrival to Ascension; these dates should correspond with the schedule of your transport to Ascension. You must also enter a departure date. In DD/MM/YYYY format.

There are two ways to enter Ascension, by air and sea. Cross the appropriate methods of travel. Arriving by aircraft – air, by ship or yacht – sea.

Part 1 Applicants Information

- 1 Given name(s) (as shown in your passport) These must be the same as recorded in your passport. They are normally all the names you were given at birth. Please do not use titles such as Mr, Snr or Esq.
- 2 Other names (including any other names you are known by and/or any other names that you have been known by) Any other names by which you are or have been known, for example, maiden name, name at birth, if different.
- 3 Gender This should be your sex at time of application. Cross the appropriate box Male or Female
- 4 Marital status. This is your current marital status. Cross the appropriate box Single or Married.
- 5 Date of Birth. As recorded in your passport. In DD/MM/YYYY format.
- 6 Place of Birth. Enter the country of birth exactly as it appears on the title page of your passport.
- 7 Nationality. This must correspond with the authority that issued your travel document/passport. If you hold dual nationality you should select the issuing country of the passport/travel document you wish to travel with. If 'Stateless' please enter this as your nationality and provide details of the country that issued your travel document.
- 8 Contact details. email address, Please provide a valid email address. If you have no email address please enter 'None'
- 9 Telephone, You should provide your home telephone number if you have one, including the area, city and country codes. This should not be your mobile phone number. If you have no home telephone number, please enter 'None'. You must provide at least one telephone number you can be contacted on as we may need to contact you if we need to discuss your application.
- 10 Fax. If you have a facsimile provide the fax number, If you have no Fax numbers please enter 'None'.
- 11 Full residential address. You MUST include your full residential address details including house number or name/street/village/town

Part 2 Passport Information

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Enter details of the passport that you will use to travel to Ascension.

It is important that your passport is still valid for six months after you arrived on Ascension, regardless of the Condition of Entry you are applying for.

- 1 Passport Number. Enter the nine digit number of your passport with each individual number in the box provided
- 2 Place of Issue. Please include the country that issued your passport
- 3 Date of Issue. In DD/MM/YYYY format. Their details can be found in your passport.
- 4 Date of Expiry In DD/MM/YYYY format. Their details can be found in your passport.
- 5 Issuing Authority. This is the National Authority that issued the passport. Their details can be found in your passport.

Part 3 Condition of Entry – Employment

- 1 Which of the listed companies/organisations is employing you? Cross the appropriate box of the company or organisation that is hiring you.
- 2 What is your occupation? Insert your occupation, job title that you are being hired
- 3 What is your employment status? There are two statuses, single status contract, or accompanied status contract, cross the appropriate box.
- 4 Contract start. Insert the date of your commencement of your local contract. In DD/MM/YYYY format
- 5 Expiry Date. Insert the date of the end of your local contract. In DD/MM/YYYY format
- 6 Contact details of employer on Ascension. Provide the Name of your contact on Ascension, their position within that organisation. The local telephone, fax number and email address. If None put none in appropriate box.
- 7 What will your address be on Ascension? Provide the room number (if applicable), building name or number and residential area you will be staying in. A post box number is not acceptable.
- 8 Employer paying passage fees to and from Ascension for you and if in the case of dependence your accompanying family. Cross the appropriate box Yes or No
- 9 Employer providing Medical Insurance including Medical Evacuation. Cross the appropriate box Yes or No. If No give details in Part 6

Part 4 Insurance

- 1 Your employer must have medical insurance, which covers the costs of medical treatment and medical evacuation by air. It is advisable for coverage of £1m.

Ascension Island Government will not accept liability for any medical costs incurred. You will be billed for any medical treatment undertaken and do not have recourse to public funds

Part 5 Previous Application & Travel History

If you answer Yes to any of the questions for Previous Application & Travel History Please use the additional information box at Part 6

- 1 Have you travelled to Ascension before? If you have travelled to Ascension in the last two years, cross out the appropriate Yes or No box. If Yes please give details including the date, the reason for the visit, and the duration
- 2 Have you been refused entry to Ascension or any other country? Cross out the

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appropriate Yes or No box. This includes if you were refused entry prior to arrival to Ascension or any other country. If 'Yes' please give details including the date the country you were removed from and to and the reason for your removal.

- 3 Have you been deported or removed or otherwise asked to leave Ascension or any other country. Cross out the appropriate Yes or No box. If 'Yes' please give details including the date the country you were removed from and to and the reason for your removal.
- 4 Do you have any criminal convictions in any country? Cross out the appropriate Yes or No box. Please give details of the date and place (country) of the offence and what you were convicted of. Please state what sentence you received.
- 5 Have you ever been investigated in any country for an offence for which they have not yet reached court? Cross out the appropriate Yes or No box. If yes, please provide full details.

Part 6 Additional information

Inserting information as follows: in the small column insert the paragraph numbers i.e. Part 5. 1. In the large column insert the date (format DD/MM/YYYY) followed by the relevant information.

Use a separate sheet of paper if you run out of space, marking it as Addition Information.

Part 7 Declaration

- 1 Declaration. You must now read the declaration and sign it.
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- 9 This must be signed and dated by the applicant personally and not by a representative or other person acting on his/her behalf unless by a parent or guardian of a child.

Completed forms should be scanned and sent to aig.admin@ascension.gov.ac or faxed to 00 247 66186.