



## Payment Slip

### Section A: Contact details of the person paying for the application

1 Title	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other (please state) <input type="text"/>
2 Contact name	<input type="text"/>				
3 House number and street	<input type="text"/>				
4 Town	<input type="text"/>				
5 County	<input type="text"/>				
6 Post code	<input type="text"/>				

### Section B: Details of the applicant

7 Is this application to be paid for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Please tick appropriate box)
8 Please tick whether you have included a passport or National Identity card	<input type="checkbox"/> Passport	<input type="checkbox"/> National Identity Card	
9 Surname/family name	<input type="text"/>		
10 First names	<input type="text"/>		
11 Date of birth	<input type="text"/> d d m m y y y y		
12 Name of employer in UK	<input type="text"/>		
13 Nationality	(Please select your nationality by ticking the appropriate box)		
	Czech <input type="checkbox"/>	Lithuanian <input type="checkbox"/>	
	Estonian <input type="checkbox"/>	Polish <input type="checkbox"/>	
	Hungarian <input type="checkbox"/>	Slovakian <input type="checkbox"/>	
	Latvian <input type="checkbox"/>	Slovenian <input type="checkbox"/>	

### Section C: Payment details – please complete where appropriate

14 Method of payment	UK Postal order <input type="checkbox"/>	Please make payable to: Home Office, Work Permits (UK)			
	UK Cheque <input type="checkbox"/>	Please make payable to: Home Office, Work Permits (UK)			
Account No.	<input type="text"/>	Sort code	<input type="text"/>	Cheque No.	<input type="text"/>
Or please debit my	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Delta <input type="checkbox"/>	Switch <input type="checkbox"/>	
15 Amount paid	£	<input type="text" value="50.00"/>			
16 Name on card	<input type="text"/>				
17 Card number	<input type="text"/>				
18 Card details	Valid from	<input type="text"/> / <input type="text"/>	Expiry date	<input type="text"/> / <input type="text"/>	Issue No. <input type="text"/>
19 Signature (card payment only)	<input type="text"/>				Date <input type="text"/>



**This form is for use for applications made between 1<sup>st</sup> November 2004 and 31<sup>st</sup> January 2005**

### **Application for a registration certificate under the Worker Registration Scheme (WRS)**

The information contained in this application will be treated in confidence by the Home Office, but it may be disclosed to other government departments, agencies, local authorities and other bodies, where necessary, to enable them to carry out their functions.

Data relating to this application may be shared with the employer named on this application form in respect of this application only.

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### **To be completed by the applicant**

Please complete by typing or printing in ENGLISH in block letters and in black ink

#### **Section 1: Type of application**

1 Have you already been issued with a registration card under the Worker Registration Scheme?

Yes Please enter the WRS reference number, then complete Sections 3, 5, 6 and 7

No Please complete all sections of the form.

(Please indicate by ticking the appropriate box)

#### **Section 2: Requirement to register**

2 Do any of the following statements (a to h) apply to you? (tick yes or no below)

- a. You are only working in a self-employed capacity.
- b. You have been working with permission in the UK for 12 months or more without interruption.
- c. You have been working with permission in the UK for your current employer since before 1 May 2004.
- d. You have leave to enter the UK under the Immigration Act 1971 on 30 April 2004 and the leave was not subject to any condition restricting your employment.
- e. You are providing services in the UK on behalf of an employer who is not established in the UK.
- f. You are a citizen of the UK, another EEA state (other than one of the eight accession state subject to WRS) or Switzerland.
- g. You are a family member (spouse or child under the age of 21 or dependant) of a Swiss or EEA national (other than one of the eight accession states) who is working in the UK.
- h. You are a family member (spouse or dependant child) of a Swiss or EEA national who is in the UK and is a student, self-employed, retired, or self-sufficient.

Yes **If any of the above statements apply to you, you do not need to apply for a registration card and certificate under the Worker Registration Scheme. You may be entitled to an EEA residence permit and details of how this can be obtained can be found at [www.ind.homeoffice.gov.uk](http://www.ind.homeoffice.gov.uk).**

No Please continue with your application.

### Section 3: Personal details of applicant

3 Title	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other (please state) <input type="text"/>
4 Surname/family name	<input type="text"/>				
5 Surname/family name at birth (if different)	<input type="text"/>				
6 First names	<input type="text"/>				
7 Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>				
8 Date of birth	<input type="text"/> day	<input type="text"/> month	<input type="text"/> year		
9 Nationality	<input type="text"/>				
10 Passport number, or National Identity card number	<input type="text"/>				
11 National Insurance number (if you have one)	<input type="text"/>				
12 Address in the UK:	House No./Name	<input type="text"/>			
	Street	<input type="text"/>			
	Town	<input type="text"/>			
	County	<input type="text"/>			
	Postcode	<input type="text"/>			
13 The address to which you would like your documentation to be returned, if different from Question 12 above.	<input type="text"/>				
14 Your daytime telephone number (if you have one)	<input type="text"/>				
15 If your dependants (children and/or spouse or partner) are living with you in the UK, how many of them are: Aged 16 or under? <input type="text"/> Aged 17 or above? <input type="text"/>					
16 Are you undertaking a course of study at an educational establishment in the UK?					No <input type="checkbox"/> Yes <input type="checkbox"/>

### Section 4: Entry Details

**Please note:** No action will be taken against you in respect of your immigration status prior to 1<sup>st</sup> May 2004.

17 When did you last enter the UK?	<input type="text"/> day	<input type="text"/> month	<input type="text"/> year
18 On what basis did you enter the UK (e.g. student, visitor)?	<input type="text"/>		
19 Do you have any outstanding application for leave to enter or remain (including asylum)?	No <input type="checkbox"/> Yes <input type="checkbox"/>		
20 Do you have an outstanding appeal?	No <input type="checkbox"/> Yes <input type="checkbox"/>		
<b>Please note:</b> on issue of a registration certificate any appeal will be treated as abandoned			
21 Your Home Office reference number (if you have one).	<input type="text"/>		

**Declaration of withdrawal of outstanding application with the Home Office**

Please tick the statement that applies and sign and date the declaration below:

I now withdraw my outstanding application for asylum and/or human rights application in the United Kingdom.

I now withdraw my outstanding application for leave to remain in the United Kingdom.

If you have ticked either of the statements in this section, please sign and date the declaration.

Your signature	<input type="text"/>	Date	<input type="text"/>
Your name (CAPITALS please)	<input type="text"/>		

## Section 5: Employment details

(If you have more than one employer, please photocopy this page and complete Section 5 for each employer)

22 Name of your UK employer	<input type="text"/>					
23 Type of business (e.g. agriculture, construction, education, healthcare, hospitality, transport)	<input type="text"/>					
24 Address of your UK employer:	Building No./Name	<input type="text"/>				
	Street	<input type="text"/>				
	Town	<input type="text"/>				
	County	<input type="text"/>				
	Postcode	<input type="text"/>	<input type="text"/>			
25 Your UK employer's telephone number	<input type="text"/>					
26 Contact name for employer	<input type="text"/>					
27 Applicant's job title	<input type="text"/>					
28 The date you started your job	<input type="text"/>	day	<input type="text"/>	month	<input type="text"/>	year
29 How many hours per week do you normally work?	<input type="text"/>			a week		
30 How much is your hourly rate, before deductions?	<input type="text"/>			£	an hour	
31 What allowances, if any, do you receive?	<input type="text"/>			£	a year	
32 What type of employment are you undertaking?	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary      (Please indicate by ticking the appropriate box)					

## Section 6: Documentary evidence

The documents required in support of your application are listed below. Tick the boxes next to the relevant items to show which documents and photographs (if applicable) you are sending.

### If you already have a WRS registration card and certificate, please provide:

- A copy of a letter from your current UK employer confirming your employment. This is not legally required, but will help us process your application.

### If you do not have a registration card and certificate, please provide:

- Two recent passport-sized photographs of yourself with your name written on the back of each photograph.
- Your current passport or National Identity Card.
- A copy of a letter from your UK employer confirming your employment.

### If you have an outstanding application for asylum/leave to remain:

Does the Home Office already have your passport or National Identity Card in support of an outstanding application for asylum/leave to remain in the UK?

No  Yes

## Section 7: Applicant's declaration

You must now read the declaration below and sign it. It must be signed by you (the applicant) and not by a representative or other person acting on your behalf.

- I hereby apply to register with the Worker Registration Scheme.
- The information I have given on this form is complete and true to the best of my knowledge.
- I declare that the photographs submitted with this form are a true likeness of myself.

Your signature

Date

Your name (CAPITALS please)