

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"/>		7 Your reference <input type="text"/>		

Please complete lines 8-12 if details for a refund are different to the contact name and address above.

8 Payee / Company name	<input type="text"/>
9 House number and street	<input type="text"/>
10 Town	<input type="text"/>
11 County	<input type="text"/>
12 Post code	<input type="text"/>

Section B: Details of the applicant

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

Section C: Payment details – please complete where appropriate

20 Method of payment	UK Postal order <input type="checkbox"/>	UK Cheque <input type="checkbox"/>
Please make payable to: Home Office		
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"/>	Maestro (UK) <input type="checkbox"/>
21 Amount paid	£ <input type="text" value="90.00"/>	Please use WRS-Multiple for a single payment for multiple applications
22 Name on card	<input type="text"/>	
23 Card number	<input type="text"/>	
24 Card details	Valid from <input type="text"/> / <input type="text"/>	Expiry date <input type="text"/> / <input type="text"/>
	Issue No. <input type="text"/>	CVV No. <input type="text"/>
	(Maestro (UK))	(On rear of card)
25 Signature (card payment only)	<input type="text"/>	Date <input type="text"/>

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

This form is valid only for applications made from 01 April 2008 until 30 April 2009

To be completed by the applicant

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

Please see Part A of the WRS guidance notes for information on who has to register. Please see Part B for further details on completing the application form.

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Completed application forms should be sent to:

FOR POSTAL APPLICATIONS

Worker Registration Scheme
PO BOX 492
Durham
DH99 1WU

FOR APPLICATIONS SENT BY COURIER ONLY

UK Border Agency
Worker Registration Scheme
Milburngate House
Durham
DH99 1SA

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 2, 3, 4 and 5
- ☐ No Please complete all sections of the form.

A8/

(Please indicate by ticking the appropriate box)

Section 2: 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	<input type="text"/>					
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 Address to which you would like correspondence to be sent if different from the address given at 12.	House No./Name	<input type="text"/>
	Street	<input type="text"/>
	Town	<input type="text"/>
	County	<input type="text"/>
	Postcode	<input type="text"/>

(Please inform us immediately if your address at Questions 12 or 13 changes while we hold your passport, otherwise your passport may be lost when we return it to you. We would also recommend that you apply to the Post Office to have your mail redirected to your new address. This will help ensure you continue to receive mail sent to your old address. The Post Office can give you details of this service.) If you have sent your passport with your application, it is not advisable to make travel arrangements until you have received a decision on your application.

14 Your daytime telephone number

15 How many dependants (children and/or spouse, partner or civil partner) are living with you in the UK:
 Aged 16 or under? Aged 17 or above?

16 Are you undertaking a course of study at an educational establishment in the UK? Yes ☐ No ☐

Section 3: Employment details

If you have more than one employer, please photocopy this page and complete Section 4 for each employer

17 Name of your UK employer	<input type="text"/>
18 Type of business	<input type="text"/>
19 Address of UK employer:	Building No./Name <input type="text"/>
	Street <input type="text"/>
	Town <input type="text"/>
	County <input type="text"/>
	Postcode <input type="text"/>
20 Your UK employer's telephone number	<input type="text"/>
21 Contact name for employer	<input type="text"/>
22 The date you started your job	<input type="text"/> day <input type="text"/> month <input type="text"/> year
23 Your job title (the applicant as referred to at section 2)	<input type="text"/>
24 What are your contracted hours of work?	<input type="text"/> a week
25 How much is your hourly rate of pay before deductions?	£ <input type="text"/> an hour
26 Do you receive any allowances from your employer?	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> a year
27 What type of employment are you undertaking?	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (short term)
28 How long are you planning to stay in the UK? (Please tick one box)	<input type="checkbox"/> Less than 3 months
	<input type="checkbox"/> 3 to 5 months
	<input type="checkbox"/> 6 to 11 months
	<input type="checkbox"/> Do not know

Section 4: Documentary evidence/Check list for applicants

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 which confirms the start date of your employment. This is not legally required if your application is a renewal, 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. (Please note: photocopies are not acceptable)
- ☐ A copy of a letter from your current UK employer which confirms the start date of your employment (please note that job offers and contracts of employment are not acceptable).

Section 5: Applicant's declaration

You must read and sign the declaration below. It must be signed by the applicant and not by a representative or other person acting on their behalf.

- I hereby apply to register with the Worker Registration Scheme.
- I understand that the information in this application will be treated in confidence by the Border & Immigration Agency, but may be disclosed to other government departments, agencies, local authorities and other bodies to enable them to carry out their functions.
- I understand that data relating to this application may be shared with the employer named on this application form in respect of this application only.
- 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)