

WORKING HOLIDAY AUTHORISATION APPLICATION FORM

The Working Holiday Authorisation is valid for up to 2 years. Canadian citizens aged 18-35 (inclusive) are eligible. Applications must be received before an applicant turns 36.

SECTION 1: INSURANCE

Insurance policy number: _____

YOU MUST ALSO SEND IN A DOCUMENT THAT SHOWS YOU HAVE 12 MONTHS' WORTH OF MEDICAL INSURANCE.

SECTION 2: PERSONAL INFORMATION

Last Name: _____ (as written in your passport)

Given Names: _____ (as written in your passport)

Gender: ☐ Male ☐ Female ☐ X (Other)

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Do you have any children? ☐ Yes ☐ No

Date of Birth: _____ (day/month/year)

City and Country of Birth: _____

Country of Residence: _____

Passport #: _____ Expiry Date: _____

Do you have any criminal convictions in any country? ☐ Yes ☐ No

Have you ever been refused entry to or deported from another country? ☐ Yes ☐ No

Where did you learn about the Working Holiday Programme: _____

SECTION 3: CONTACT INFORMATION

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____

Email: _____

SECTION 4: DEPARTURE INFORMATION

Date of Intended Arrival Date in Ireland: _____ (day/month/year)

Signature: _____	Date: _____
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WORKING HOLIDAY AUTHORISATION TERMS AND CONDITIONS

I agree to the following terms and conditions:

- I have sufficient funds, or access to such funds to support myself during a substantial part of my visit.
- Within one month of arrival in Ireland, holders of Working Holiday Authorisations must register with the Garda National Immigration Bureau and will be issued with a Certificate of Registration on payment of the appropriate fee.
- The Working Holiday Authorisations are issued on an individual basis. Holders of the working Holiday Authorisation shall not seek to be accompanied or joined by a spouse or dependents.
- Permission granted to those entering Ireland on the basis of a Working Holiday Authorisation shall be valid for a maximum period of twenty four (24) months from the date of the entry to Ireland.
- **Extensions to the period of validity of such permission shall not be granted.** Participants must leave Ireland on the expiration of the permission, which cannot be extended nor renewed.
- We are committed to protecting the personal data you give us in compliance with our obligations under the Data Protection Acts 1988 to 2018 and the General Data Protection Regulations (GDPR).
- The data that you provide will be used for the purposes of reviewing and processing your Working Holiday Application. We may also need to share your data with the immigration authorities in Ireland. We may also contact you to ask about your experiences of the WHA. The data supplied by you in this application will be retained for a period of three years.
- For further details as to how the Department processes your data, or should you wish to exercise your data protection rights, please see our Data Privacy Notice at:
<https://www.ireland.ie/en/privacypolicy/>

Signature: _____

Date: _____

WORKING HOLIDAY AUTHORISATION INSURANCE DECLARATION

All applications for the Working Holiday Authorisation must provide proof of having at least one year of comprehensive travel insurance to cover the first year of their stay. This means that applicants must include a document that clearly shows their name, dates of coverage, and clear indication that it is medical insurance.

Each applicant must also sign the declaration on below that states they will purchase insurance once in Ireland to cover them for the full duration of the second year of the visa.

*Note: if you intend on being in Ireland on a WHA for less than one year, you will still need to show proof of insurance for 12 months and you will need to sign the declaration on agreeing to purchase insurance to cover the full duration of your stay should you decide to stay longer.

I, _____, declare that I am leaving for Ireland with at least one year of comprehensive travel insurance that covers me for emergency medical and repatriation on purposes. In addition, if I plan on extending my stay beyond my insurance policy expiry date, I will purchase additional insurance once I am in Ireland that will cover me until I depart the country and end my working holiday.

Signature: _____

Date: _____

WORKING HOLIDAY AUTHORISATION CHECKLIST

The checklist below gives full details of what you need to submit with your application. You must return all four parts of this form signed and dated. Please pay careful attention to the requirements and ensure you have included everything. Applications should be sent by courier to:

Embassy of Ireland, 150 Metcalfe Street, Suite 1700, Ottawa, ON K2P 1P1

- ☐ Application form fully completed, signed and dated
- ☐ Criminal records check. Please inquire with your local law enforcement agency about obtaining one.
- ☐ 2 passport sized photos (either 50 mm x 70 mm or 38mm x 50mm) taken by a photographer and date stamped by the studio.
- ☐ Passport – must be valid for 30 months from your date of entry into Ireland. You must submit either your original passport, or a copy of your passport that has been seen and stamped as “original seen” by an Embassy or Consulate of Ireland, or at a Garda Station in Ireland. **We do not accept any other kind of passport copy.**
- ☐ Proof of 12 months’ worth of medical insurance. This must be a document that clearly shows your name and dates of coverage and that its comprehensive medical insurance. Clear commencement and expiry date must be listed on your document. **‘Trip dates’ will not be considered as meeting this requirement.**
- ☐ A bank letter or statement from the bank indicating at least \$2500 CAD in support funds. These must be original documents that are stamped and/or signed by the bank. They must include the applicant’s details (i.e. name). **Investment or High Interest Saving accounts are not accepted. Photocopies or printouts will not be accepted.**
- ☐ Payment. Payment must be made by credit card, bank draft or money order. **We do not accept personal cheques, cash or Visa/Mastercard Debit cards.**
- ☐ Signed and dated Insurance Declaration
- ☐ Signed and dated agreement to Terms and Conditions
- ☐ Completed and signed checklist.

Credit Card Details:

Name:

Card Number:

Expiry:

CVV:

Signature: _____

Date: _____