

# IRISH VISA APPLICATION

APPLICANT NAME: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_ VISA FEE: \_\_\_\_\_

TRAVEL PURPOSE		
Country Of Nationality:		
What is the reason for travel		
What type of visa/preclearance are you applying for	<input type="checkbox"/> Short Stay (C)	<input type="checkbox"/> Long Stay (D)
Journey Type	<input type="checkbox"/> Single Entry	<input type="checkbox"/> Multiple Entry
Purpose of Travel (Please state a brief explanation of your travel)		
Passport Type	<input type="checkbox"/> Regular	<input type="checkbox"/> Other
Passport/Travel Document Number		
Passport Issue Date		
Passport Expiration Date		
Proposed dates you wish to enter and leave Ireland:	From:	To:
PERSONAL INFORMATION		
Surname		
Forename		
Other Name		
<i>Note: Failure to give the correct data may result in the application being invalid.</i>		
Date of Birth		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Country of Birth		
Current Location		
Current Address (Complete Address)		
<i>Note: A Post Office Box Address is not acceptable as a residential address. Failure to give a residential address will results in the application being invalid.</i>		
Contact Phone		
Contact Email		
SECURITY PURPOSE INFORMATION		
Length of residence in the present country:	No of years:	No of month:
Do you have permission to return to that country after your stay in Ireland?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you applied for an Irish Visa/Preclearance before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been issued with an Irish Visa/Preclearance before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide the location, transaction number, and year of issue		
Have you ever been refused an Irish Visa/Preclearance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have been refused before, please provide location of application, year and reference number.		
Have you ever been in Ireland before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have family members living in Ireland?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been refused permission to enter Ireland before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been notified of a deportation order to leave Ireland?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been refused a visa to another country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been refused entry to, deported from, overstayed permission in, or were otherwise required to leave any country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>TRAVEL DETAILS</b>		
Passport/Travel Document Number:		
Type of Travel Document:		
Issuing Authority/Type:		
Date of Issue:		
Date of Expiry:		
Is this your first Passport?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>IF YES (Please write down all the details of your old passport)</i></b>		
Passport/Travel Document Number:		
Issuing Authority/Type:		
Date of Issue:		
Date of Expiry:		
<b>EMPLOYMENT STATUS</b>		
Are you currently employed in your country of residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employment Status	<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed
	<input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed
Current Employer / Business Name		
Duration Of Employment / Business	No of years:	No of month:
Position Held:		
What is your work/business address? (Complete Address)		
Employer's Phone:		
Employer's Email:		
<b>MINOR / SCHOOL DETAILS (FOR STUDENTS AND MINORS ONLY)</b>		
Are you currently a student in your country of residence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School Name		

School Address			
School Year			
School Phone			
School Email			
<b>TRAVEL COMPANION</b>			
Will you be travelling with any other person e.g. business colleague, family member, group?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>IF YES (Please write down all accompanying visa applicants)</i>			
<b>COMPLETE NAME</b>	<b>DATE OF BIRTH</b>	<b>GENDER</b>	<b>PASSPORT NUMBER</b>
Personal Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed
<i>IF Married / Widowed (Please write down Spouses/Partner's details)</i>			
Complete Name			
Complete Address			
Birthday			
Passport/Travel Document Number:			
Issuing Authority			
Passport Issuance date and expiry	Issue Date:	Expiry Date:	
Is your spouse/partner travelling with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have dependant child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How many dependant children do you have?			
<i>If yes please provide the details of any dependant children.</i>			
<b>COMPLETE NAME</b>	<b>DATE OF BIRTH</b>	<b>GENDER</b>	<b>PASSPORT NUMBER</b>
Visa processing fees are non-refundable or transferable once decision is denied or withdrawn. Do you agree?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please note that 'Multiple entry' visas are only granted by the Embassy of Ireland in limited circumstances. To qualify for a Multiple Entry visa: <ul style="list-style-type: none"> <li>• Applicants must have held at least two previous single journey visas to Ireland and prove they did not overstay, (i.e. entry/exit stamps in their passports).</li> <li>• Shows sufficient evidence of need such as tour / cruise itinerary, business itinerary, etc.</li> </ul> If an applicant wrongly applies for a multiple entry visa, we will not refund the difference if a single entry visa is granted. Payments will not be refunded if they withdraw their application or if their application is refused.			

Applicants Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_