Móttekið:			

Málsnúmer:

# RESIDENCE PERMIT BASED ON AU PAIR PLACEMENT APPLICATION FOR FIRST PERMIT

Please duly complete the application and be sure to sign it. An incomplete application may lead to delays in processing or rejection of the application.

### **Applicant**

Applicants may not be situated in Iceland when submitting the application and while it is being processed. However, applicants who do not need a visa to travel to Iceland may be in Icleand when submitting an application and while it is being processed, provided that the applicant has not used up his/her visa-free days in the Schengen Area.

Name	
Date of birth (dd.mm.yy)	

### For whom is the form intended?

The form is for individuals, aged 18-25, wishing to come to Iceland and work as an au-pair in the home of a family that has no family ties with the applicant.

The applicant cannot apply before their 18th birthday or after their 25th birthday.

### Special requirements for the residence permit

A residence permit based on au pair placement is considered a cultural exchange where the au pair is expected to carry out light household chores and babysit in exchange for pocket money.

The au pair is not allowed to work more than 30 hours per week. Furthermore, payment for extra work is prohibited.

It is possible to renew the au pair residence permit once.

## What documents must be included with the first application?

Information on necessary supporting documents and document requirements can be found on the Directorate's website. It is important to read the information thoroughly. You can also use the checklist at the end of this form.

### How to apply?

Applications can only be submitted in paper form.

They can either be sent by regular mail to the Directorate of Immigration or delivered to the drop box in the Directorate's reception in Dalvegur 18, 201 Kópavogur. It is necessary to first pay the processing fee by bank transfer and submit the payment receipt with the application for confirmation. An unpaid application will be returned to the applicant.

Applications can also be handed in and paid for in the Directorate's reception or at the offices of District Commissioners outside the capital area.

### **Application processing**

It is the applicant's responsibility to submit satisfactory documents with an application. If satisfactory documents are not received, this may lead to delays in processing or rejection of the application.

Applications and supporting documents are not assessed upon reception and registration. The Directorate of Immigration contacts the applicant or his/her agent if further documents or information is needed for processing the application.

Information about processing time can be found on the Directorate 's website.

1. Ti	es with Iceland or ot	her Sch	iengen countries							
If your application is rejected and you are in Iceland, the Directorate of Immigration is obligated to expel you to your home country. An expulsion decision generally entails a deadline for voluntary depature. If people do not leave the country within the deadline, a re-entry ban is activated, which normally applies to the entire Schengen-area. Hereby you are given the opportunity to provide information that may be relevant to an expulsion decision and to object to such a decision. If you do not complete this section of the application form, it will be assumed that you do not object to an expulsion if your application is rejected. In case there are any changes in your circumstances after the application is submitted, it is important that you inform the Directorate of Immigration as soon as possible for it to be considered.										
Do you	have any ties with Icelan	d or oth	er countries within the Schengen-area?					Yes		No
If yes,	what ties?									
	it be unfair to you or othe from re-entering the Sch		ers of your family, if you were expelled fro area?	m Icelar	nd and			Yes		No
If yes,	what reasons?					,				_
2. Ap	plicant's details									
Given r	name									
Surnan	ne									
Former	names (if applicable)									
Gende	(as in passport)	Marita	l status							
	Female		Cohabitation		Married	l				
	Male		Unmarried		Widow	/widowe	er			
	Non-binary/Other		Separated		Divorce	d				
Place o	f birth (city)									
Countr	y of birth									
Curren	nationality/nationalities									
Are bo	h or one of your parents	Icelandi	c citizens?				Ye	S		No
The inf	Address, email and telephone number in home country  The information will be used to contact the applicant; therefore it is important that the information is correct. If the information changes during the processing of the application, the Directorate of Immigration should be notified by email <a href="mailto:utl@utl.is">utl@utl.is</a>									
Addres	S									
Postal	code and place									
Countr	У									
Telepho	one number									



register importa Immigr	ed as their legal domicile ant that the information is	by Registers Iceland. The correct. If the information	ne inform on chang	ts state their place of stay in icela nation will also be used to contact ges during the processing of the a has been issued any changes of a	t the appl applicatio	icant; th n, the Di	erefore i irectorat	it is te of
Address	s and apartment (if applicable)							
	code and place							
Telepho	ne number							
	Address not yet known. applicant attends the re		in Icelar	nd will be handed in after arrival i	n Iceland	(e.g. wh	nen the	
3. Re	sidence							
Reside	nce abroad							
Where	have you lived during the	past five years?						
Countr	у			Date from (dd.mm.yy.)	Date to	o (dd.mn	n.yy.)	
1								
2								
3								
4								
5								
6								
Reside	nce in Iceland							
When d	o you intend to come to	Iceland?	State th	he date (dd.mm.yy)				
	Have arrived in Iceland		When o	did you arrive? (dd.mm.yy)				
Have yo	ou ever applied for a visa	to come to Iceland?				Yes		No
		a residence permit in Icel				Yes		No
-	ou been in Iceland before information, please use s		ow long	? (If you need more space for		Yes		No
	plicant's spouse pair residence permit do	es not grant the right to	family r	eunification.				
Given n	ame							
Surnam	ne							
Former	names (if applicable)							
ID num	ber / Date of birth							



Address and telephone number in Iceland

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Citizenship					Email address						
Date of marriage (dd.mm.yy.)  Date of the registration of cohabitation (dd.mm.yy)											
5. Ap An au-	5. Applicant's children under the age of 18 An au-pair residence permit does not grant the right to family reunification.										
	I do not have children u	nder the	age of 18								
	Given name	Cur	name	ID num	ber	Citizen-	Gender (	(as in pas	sport)	Is the child in Iceland?	
	diven name	Juli	iame	/Date of	birth	ship	Boy	Girl	Non- binary/ other	Yes	No
1.											
2.											
3.											
4.											
5.											
6.											
	plicant's parents pair residence permit do	es not g	rant the right to	family re	eunifica	tion.					
Parent	1										
Gende	r (as in passport)		Male			Female		<u> </u>	Non-binary	//other	
Given r	name										
Surnan	ne										
Former	names (if applicable)										
Date of	birth (dd.mm.yy.)										
Date of (dd.mn	death, if applicable n.yy)										
Citizens	ship										
Addres	S										
Postal	code and place										
Country	у										
Parent	2										
Gende	r (as in passport)		Male			Female		1 🗆	Non-binary	//other	
Given r	name										
Surnan	ne										



Former names (if applicable)				
Date of birth (dd.mm.yy.)				
Date of death, if applicable (dd.mm.yy)				
Citizenship				
Address				
Postal code and place				
Country				
7. Host family and the au-	-pair pl	acement in Iceland		
Host family				
Given name		Surname	ID number / Date of birth	Citizenship
Further information				
Why do you wish to come to Ice	land as a	an au-pair?		
How did you get in contact with	the host	family?		
		······································		
Why did you choose this host fa	mily?			



Did you know the host family before you applied for a residence permit?							
9 10	nguage skills and ed	ducation					
	ige skills	Jucation					
	anguage						
	anguages						
Educati							
	check all the applicable b	oxes, only statin	g education that i	s compl	leted.		
	None or less than prima	ary school					
	Primary school		Year of graduati	on:			
	Secondary school		Year of graduati	on:			
	Secondary school, addi	tional levels	Year of graduati	on:			
	University, less than BA	Year of graduation:					
	University, BA/BS degre	ee	Year of graduati	on:			
	University, master's deg	gree	Year of graduati	on:			
	University, doctor's deg	jree	Year of graduati	on:			
	of study, highest educat only one box.	ion					
	General studies				It and communication		
	Education				Civil engineering, production and construction		
	Arts and humanities				Agriculture, forestry, fisheries and veterinary studies		
	Social science, journalis	sm and informati	Health				
	Business, administration and law				Welfare		
	Science, mathematics a	nd statistics			Service		
9. Cri	minal record						
A. Have	e you been fined or sent	enced to impriso	onment?				
	No						
	Yes						

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If yes, s	state the offence:									
In what	country?			When?						
What po	enalty did you red	ceive?								
B. Do y	ou have the stat	us of a suspect in a police inves	tigation?							
	No									
	Yes									
If yes, s	state the offence:									
In what	country?			When?						
C. Have	e you been subje	cted to a re-entry ban into the S	chengen	Area?						
	No									
	Yes	If yes, in what country?								
Is the b	oan still in effect?	)	1							
	No	If no, when was it in effect?								
	Yes	If yes, when does the ban expire?								
10. A	dditional info	rmation								
If you h	ave further infor	mation of significance regarding y	your appl	ication, please st	tate it in	the box	below.			
11. Vi	sa									
Visa										
Do you	have a valid visa	to the Schengen-Area?				Yes			No	
If yes, v	vhat is the validit	y on the visa?								

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what country/city you

	tion only applies to those who are not in Iceland. If you need a visa to come to Iceland, indicate in what country/city your refer to get your visa. Iceland is not represented everywhere, and you may need to pick up the visa in another country in.						
12. Aç	ent enternal de la companya de la c						
this app	rneed to fill in this part of the application if you want to give power of attorney to an agent during the processing of lication. You can only have one agent at a time. If you wish to cancel or change your agent, you must communicate writing to the Directorate of Immigration.						
Informa	tion about your agent						
Name							
ID num	per / Date of birth						
Addres							
Phone	umber						
Email a	dress						
	number*						
	<b>digit security number</b> must be provided for the purpose of obtaining information about the applicant's case from the ate of Immigration. The security number should be treated like a password and only be known to the person concerne	ed.					
13. D	d you remember everything?						
The Dir	ctorate recommends that you use the checklist below to make sure your application is satisfactory.						
Check	ist						
	<b>Payment receipt</b> (if the application will be sent by mail or delivered to the drop box at Dalvegur 18 and therefore paid in a bank).	for					
	Passport photo (35 mm x 45 mm).						
	<b>Copy of passport</b> (personal information page and signature page). The passport must be valid at least 90 days beyond validity of the permit applied for.	d the					
	<b>Health insurance confirmation</b> , valid for six months, with a minimum coverage of ISK 2,000,000 (from an insurance company authorized to operate in Iceland).						
	<b>Documents confirming</b> he host family's secure means of financial support during the period of residence. Information about the amountrequired, valid means and documents required is available on the Directorate's website. www.utl.is.						
	Copy of the Au pair contract. The contract must be signed by both applicant and host family. Note that the applicant's signature must match the signature on the applicant's passport.						
	Applicant has signed the application.						
I wish	that the Directorate contacts me through:						
I wish	that the Directorate contacts me through:  Email Regular mail						



### 14. Date and signature

The Directorate of Immigration may obtain further information about you from domestic and / or foreign parties if this is necessary for the application in order to ensure that the information is correct and / or to verify the validity of certificates. The Act no. 90/2018 on Data Protection and the Processing of Personal Data is always respected when gathering information. The Directorate of Immigration, the Immigration and Asylum Appeals Board, Registers Iceland, child protection authorities and the police are permitted to process and combine personal information in accordance with the instructions of the Act on Foreigners and Act on Data Protection and the Processing of Personal Data. In addition, the same parties may obtain information from the tax authorities, the Directorate of Labor and municipalities' social services to ensure that your stay is legal.

If a residence permit is granted, the Directorate of Immigration will forward information to Registers Iceland that is necessary for registration in the National Registry.

Information about you may be used in the processing of later applications and / or applications from family members to ensure that the information is correct. During the period of validity of a residence permit, the Directorate of Immigration may examine your data if information about changed circumstances or the validity of documents is received. Incorrect or misleading information can lead to a residence permit rejection, revocation and possibly an expulsion. Incorrect provision of information to the Directorate of Immigration is a violation of the Act on Foreigners and punishable under the General Penal Code no. 19/1940.

The Directorate of Immigration's Data Protection Policy is available on the Directorate's website.

Applicants who move to Iceland from certain countries must undergo a medical examination within two weeks of arrival in Iceland in accordance with Icelandic law and instructions of the Directorate of Health. If you do not go for a medical examination, a residence permit will not be issued.

	I confirm that I have read the information above and that the information I have provided regarding the application for a residence permit is true and correct.  I agree to undergo a medical examination within two weeks of arrival in Iceland in accordance with Icelandic law and instructions of the Directorate of Health, if applicable.							
Place,	Place, date and signature							
Place								
Date	ate							
Applica	nt's signature							
Who fil	led out the appli	cation?						
	Applicant							
	Agent							
	Other If other, who?							
Connec	tion to the applic	ant?						