
Application to change employer on an existing Employment Permit

**Note: Please attach a copy of the Contract of Employment (signed by both the employer and employee), with this application.**

The 2024 Employment Permits Act introduces a new provision allowing certain employment permit holders to change from the employer listed on their permit to another employer, after a period of nine months has passed since commencing their first employment permit in the State*.* The provision eliminates the need for a new employment permit application and is restricted to movement within the occupation or occupation classification on the original permit.

The Change of Employer applies to the General Employment Permit (GEP) and the Critical Skills Employment Permit (CSEP).

All items marked with an \* below must be completed

|  |  |
| --- | --- |
| Employer Registered Number\* |  |
| Number of EEA and/or Swiss nationals (including Irish and UK nationals) currently employed by the Person who has made the offer of employment:\* |  |
| Number of non-EEA nationals currently employed by the Person who has made the offer of employment:\* |  |
| Have any employees of the Person, who has made the offer of employment, been made redundant in the employment that is the subject of this Employment Permit application over the last six months?\*  |  |
| If any employees have been made redundant in the employment that is the subject of this Employment Permit application over the last six months, please outline the reason(s) for the redundancies. This should include information on the numbers of positions in that employment that have been made redundant and explain how the position, which is the subject of this Employment Permit application, differs from those positions in that employment made redundant.\*(mandatory if answer to previous question was Yes) |  |

# Employee Details

|  |  |
| --- | --- |
| Employee Name\* |  |
| Employee **(Personal)** Email Address\*  |  |
| Employee Passport Number\* |  |
| Transfer Reason\* |  |
| Proposed Transfer Date (dd/mm/yyyy)\* |  |

# Existing Employment Permit Details

|  |  |
| --- | --- |
| Current Employment Permit Number\*  |  |
| Current Permit valid from (dd/mm/yyyy)\* |  |
| Current Permit valid until (dd/mm/yyyy)\* |  |
| Type of Employment (i.e. job title) – as per current employment permit\*  |  |

# New Employment Details

|  |  |
| --- | --- |
| Title of Job\* |  |
| Detailed Job Description (work duties)\* |  |
| Gross Annual Salary\* | € |
| Gross Weekly Salary\* | € |
| Hourly Rate of Pay\* | € |
| Are payments in respect of health insurance part of the remuneration package?\* |  |
| Health Insurance Amount\* | € |
| Please specify name of Health Insurance Provider\* |  |
| Number of hours of work per week\* |  |

# Location Details

|  |  |
| --- | --- |
| Place(s) at which the employment concerned is to be carried out\* |  |
| Employment Address (Head Office Location)\* |  |
| (Registered) Business Name\* |  |
| Address 1\* |  |
| Address 2 |  |
| Town\* |  |

|  |  |
| --- | --- |
| Signature of new employer\*  |  |
| Date (dd/mm/yyyy)\* |  |
| Signature of employee\*  |  |
| Date (dd/mm/yyyy)\* |  |