



**An Roinn Fiontar,  
Trádála agus Fostaíochta**  
Department of Enterprise,  
Trade and Employment

## General Employment Permit (New)

This form should be used by either the Person who has made the offer of employment or the Foreign National, the subject of that offer of employment, who wish to apply for:

- An employment permit in respect of all employments, other than those employments for which an employment permit shall not be granted pursuant to Schedule 4 in the Principal Regulations, and where the Person who has made the offer of employment has been unable to recruit an Irish or EEA national for the employment.

For permission to work in the State for a period of less than 90 days, the Atypical Working Scheme operated by the Department of Justice and Equality may be appropriate.

Before completing this form, please read the relevant permit information which is available on our website at:

<https://dbei.gov.ie/en/What-We-Do/Workplace-and-Skills/Employment-Permits/Permit-Types/General-Employment-Permit/>.

Data Protection and the General Data Protection Regulation (GDPR):

You should also read our Privacy Notice which is available at: Privacy Policy

This privacy notice is intended to provide you with information about the personal information we collect about you and how that information is used and shared when we process your Employment Permit or when we communicate with you such as sending you a letter or replying to your e-mail or telephone message. It also sets out your privacy rights and how to make a complaint if you have concerns about how we process your personal data.

### Introduction

1. **Who is the Applicant:**

Foreign National

2. **Are you an Agent acting for the Applicant:**

No

### Part One

### Registration Details

1. **Employer Registered Number:**

3542283SH

|     |  |                       |
|-----|--|-----------------------|
| 2.  | Company Name Registered Number (if applicable):  | 625130                |
| 3.  | Business Name Registered Number (if applicable):   | N/A                   |
| 4.  | If the Person who has made the offer of employment is a Charity, please supply the Charity Number:   | N/A                   |
| 5.  | If the Person who has made the offer of employment is an Industrial and Provident Society, a Friendly Society or a Trade Union, please supply their Registration Number: | N/A                   |
| 6.  | Is the Person who has made the offer of employment a Limited Company?:   | Yes                   |
| 7.  | Registered Name of Company/Business:   | INISCARE LTD          |
| 8.  | Trading Name of Business (if different):   | N/A                   |
| 9.  | Nature of Business:  | CARE / HOME CARE      |
| 10. | Company/Business Address   |                       |
|     | Address 1:   | 3 FRANKFORT CENTRE    |
|     | Address 2:   | DUNDRUM ROAD, DUNDRUM |
|     | Town:  | DUBLIN                |
|     | Postcode/Eircode:  | D14 K584              |
|     | Country:   | Ireland               |

**Country:**

Ireland

**County:**

Dublin

**Telephone Number:**

353 016169747

**Mobile Phone Number:**

353 0830276945

**E-mail address:**

mary@iniscare.ie

**Website:**

www.iniscare.com

11. **Number of EEA\* and/or Swiss nationals (including Irish) currently employed by the Person who has made the offer of employment:**

330

12. **Number of non-EEA nationals currently employed by the Person who has made the offer of employment:**

93

\*The EEA comprises the Member States of the European Union together with Iceland, Norway & Liechtenstein.

13. **Please provide details of a person, within the company who is authorised to deal with any queries arising from this application and future applications for Employment Permits (person must be employed within the company, agent details to be provided elsewhere)**

**Title:**

Mrs

**Name:**

MARY MC ARDLE

**Position Held in company:**

MANAGING DIRECTOR

**Telephone Number:**

353 016169747

**Mobile Phone Number:**

353 0830276945

E-mail address:

mary@iniscare.ie

## Part Two

## Details of Foreign National

These details must be entered exactly as they appear on the Foreign National's passport. Please do not enter these details in Block Capitals but use Title Case e.g. John Smith.

1. **Passport Number:**

U25036059

2. **Expiry Date:**

01/01/2027

3. **National of:**

Türkiye

4. **Title:**

Mr

5. **First Name:**

MUSTAFA

6. **Middle Name(s):**

N/A

7. **Family Name:**

SEKEROGLU

8. **Date of Birth:**

01/01/2002

9. **Sex:**

Male

10. **Current Address****Address 1:**

12 MOUNT TALLANT AVENUE

**Address 2:**

TERENURE

**Town:**

DUBLIN

**Postcode/Eircode:**

D6W Y439

**Country:**

Ireland

**County:**

Dublin

**11. Telephone No:**

353 0832019730

**12. Mobile Phone No:**

353 0832019730

**13. Please provide the Foreign National's  
PPS Number if available:**

9487796FA

**14. E-mail address:**

mustaskr7@gmail.com

**15. Is the Foreign National currently in the  
State?:**

Yes

**(a) Is the Foreign National in the State  
on a Working Holiday Authorisation?:**

No

**16. Please describe on what basis are they currently in the State, and complete GNIB card details, as  
requested, below:**

LONG STAY FOREIGN LANGUAGE STUDENT, STAMP 2

Enter below details exactly as they appear on the Foreign National's GNIB card\*

**17. GNIB Pin No:**

913229

**18. Dept. No.:**

N/A

\*If the Foreign National is in the State but does not have a GNIB personal identification number then please supply a copy of the current immigration stamps and visa.

If the Foreign National has held consecutive employment permits for an uninterrupted period of 5 years and has been working lawfully during this time, s/he may be eligible to apply for a Stamp 4 permission to remain from the Irish Naturalisation and Immigration Service. However, if the Foreign National is unable to obtain a Stamp 4, an employment permit will be required. If this is the case, by submitting this application the Foreign National confirms that s/he has considered the available options and believes that an employment permit is still required.

19. **Highest level of Qualification relevant to the employment: e.g. Certificate, Diploma, Degree, etc.:** ISCED 4 Post secondary non-tertiary (Post Leaving Cert level or equivalent)

20. **Date of Completion:** 09/03/2023

21. **Title of Course:** DIPLOMA IN NURSING AND PATIENT CARE

22. **Final Subjects Taken**

ENVIROMENTAL HEALTH AND THE PATIENT NURSING

ADULT PATIENT CARE

HEALTH AND SAFETY FOR HEALTHCARE PROFESSIONALS

ACTIVE AND PASSIVE RANGES OF MOTION IN EXERCISE

DIET THERAPY

THE PHYSICAL EXAMINATION

SPECIMEN COLLECTION

MEASURING VITAL SIGNS

23. **Result Achieved: e.g. 2.1:** 87

24. **What Field of Learning is the Qualification in?:** 09 – Health welfare

24. What Field of Learning is the Qualification in?:

09 – Health welfare

25. Has the Foreign National previously made an application for asylum in the State?:

No

26. Has the Foreign National sought permission to land in the State on a previous occasion?:

No

27. Has the Foreign National been in the State on a previous occasion without permission?:

No

28. Is the Foreign National currently employed in the State?:

Yes

29. Please describe on what permission they have to be employed:

STAMP 2

30. Has the Foreign National been employed in the State previously?:

No

31. Is the Foreign National married to, or in a civil partnership with, an Irish or EEA national?:

No

32. Is the Foreign National the spouse, civil partner or the dependant of, the holder of an Employment Permit or the holder of any other type of permission to work in the State?:

No

## Part Three

## Details of Redundancy

To be completed by the Person who has made the offer of employment in respect of any dismissals by reason of redundancy within the meaning of section 9 of the Redundancy Payments Act 1967 and where such dismissal was attributable wholly or mainly to the conditions specified in paragraphs (a), (b), (c), (d) or (e) of section 7(2) or to section 21 of that Act.

1. Have any employees of the Person who has made the offer of employment, the Connected Person or the Relevant Person been made redundant in the employment that is the subject of this Employment Permit application over the last six months?:

No

## Part Four Details of Employment

1. Title of Job: HOME CARER
2. Is the application in relation to Health Professional?: No
3. Is the application in relation to Security Officer or Private Investigator?: No
4. Regulatory Body: N/A
5. Place(s) at which the employment concerned is to be carried out

### Employment Address

Business Name:

INISCARE LTD

Address 1:

3 FRANKFORT CENTRE

Address 2:

DUNDRUM ROAD

Town:

DUBLIN

Postcode/Eircode:

D14 K584

Country:

Ireland



County:

Dublin

6. **Proposed Period of Employment Permit (in months):**

24

7. **Proposed Start Date\*:**

25/06/2023

We recommend all Employment Permit applications be submitted to the Department at least 12 weeks before the proposed start date of employment.

8. **What are the main functions of this job:**

HOME CARE SERVICES

9. **Please detail the qualifications, skills, knowledge or experience required for this job:**

FETAC LEVEL 5 OR EQUIVALENT

10. **Please detail the relevant qualifications, skills, knowledge and experience of the Foreign National:**

1 YEAR EXPERIENCE NURSING AND PATIENT CARE DIPLOMA CERTIFICATES

11. **Did you use an Agent/Recruitment Agency to recruit the Foreign National?:**

No

12. **Please provide details of the recruitment method:**

ADVERTISEMENTS

## Details of Remuneration

1. **Gross Annual Remuneration\*:**

31200

2. **Gross Annual Salary (if different from above):**

N/A

**3. Gross Weekly Salary:**

600

**4. Hourly Rate of Pay:**

15

**5. Are there deductions from the Gross Weekly Salary?:**

No

**6. Are payments in respect of health insurance part of the remuneration package?:**

No

\* All amounts which make up the basic salary must appear as payments on the payslips. If Health Insurance is being included in the Gross Annual Remuneration this must be verifiable by way of supporting documentation in the event of a Workplace Relations Commission (WRC) inspection.

Health Insurance can only be considered if the provider of the health insurance is a person entered in the Register of Health Benefits Undertakings referred to in section 14 of the Health Insurance Act, 1994.

**7. Number of hours of work per week:**

40

\*Please note that for the purposes of Employment Permit applications, the standard working week is considered to be 39 hours per week.

**Part Four A****Details of Advertisement**

The Contractor/Person who has made the offer of employment in the case of Contract for Services or General Employment Permit applications are required in all cases, other than the exemptions provided below, to offer the employment that is the subject of the Employment Permit application to an Irish or EEA citizen by way of a Labour Market Needs Test. The Labour Market Needs Test must be conducted within the 90 day period preceding the date of the application. Applications should not be submitted unless this Labour Market Needs Test has been completed. The Labour Market Needs Test is not required in respect of the following applications:

- applications in respect of employments where there is a shortage in respect of the relevant qualifications, skills or experience which are required for the proper functioning of the economy and which employments are listed in Schedule 3 in the Principal Regulations,
- applications in respect of all other employments with an annual remuneration of €64,000 or more, other than those employments for which an employment permit shall not be granted and which employments are listed in Schedule 4 in the Principal Regulations, and
- applications that are supported by a State Enterprise Agency.

The requirements of the Labour Market Needs Test are that the employment that is the subject of the Employment Permit application must be:

- advertised with the Department of Social Protection Employment Services/EURES employment network for a period of at least four weeks, and
- advertised for three days in a national newspaper, and
- advertised in either a local newspaper or a job website (separate to DSP/EURES websites) for three days.

More information about the Department of Social Protection Employment Services/EURES employment network can be found on: [www.welfare.ie](http://www.welfare.ie). All Employment Permit applications must, if applicable, provide the vacancy reference number of their advertisement with the Department of Social Protection Employment Services/EURES Employment Network below, and attach copies of the other required advertisements with the application.

- |   |         |
|---|---------|
| 1. <b>Is a labour market needs test required for this applications:</b>   | Yes     |
| 2. <b>Please provide the Department of Social Protection Employment Services/EURES Employment Network Reference Number of your advertisement (if applicable):</b> | 2274616 |

## Part Five Details of Payment

Payments must be made by Debit/Credit Card through our secure Payments Service Provider at submission of the application.

It is important to note that in line with the Employment Permits Act 2006, as amended, should an application for an employment permit be refused or withdrawn the prescribed portion of the fee (90%) will only be refunded to the Applicant's\* bank account.

\* the person indicated as the Applicant in the Introduction Section, Question 1.

- |  |                  |
|--|------------------|
| 1. <b>Please indicate who is making the payment:</b> | Foreign National |
|--|------------------|

|    |                          |                     |
|----|--------------------------|---------------------|
| 2. | Title:                   | Mr                  |
| 3. | Name:                    | MUSTAFA SEKEROGLU   |
| 4. | Company (if applicable): |                     |
| 5. | Telephone Number:        | 353 0832019730      |
| 6. | Mobile Phone Number:     | 353 0832019730      |
| 7. | E-mail address:          | mustaskr7@gmail.com |

**Part Six****Final Details**

|    |  |   |
|----|--|---|
| 1. | Select where to post the Original Employment Permit to:          | Person who has made the offer of employment |
| 2. | Select where to post the Certified Copy of Employment Permit to: | Person who has made the offer of employment |

## Declaration of Foreign National

I, the undersigned, agree to undertake employment on the above basis and I understand that, while in employment in the State, I will be entitled to the full benefit of all the relevant Irish Employment Rights Legislation.

I hereby solemnly declare that:

- the qualifications, skills, knowledge and experience I have attained are as stated in Part 2 of the application form and they correspond with and are relevant to the position on offer;
- I am a fully accredited member of the relevant professional body pursuant to Part C of Schedule 2 in the Principal Regulations for the position on offer, as stated in Part 4 of the application form (if applicable);
- if this application is for an employment in respect of a Carer in a private home and an employment permit is granted, I will have no objection to an Inspector from the Workplace Relations Commission (WRC) visiting the premises where employment is being carried out and to speak to me and the employer should the need arise; and
- I will be fully tax compliant;

and that to the best of my knowledge and belief:

- I will be employed, salaried and paid under an employment contract governed by the laws of the State by the Person who has made the offer of employment, as stated in Part 1 of the application form;

Furthermore, I understand and accept that in accordance with section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.

**Title:**

MR

**Name:**

MUSTAFA SEKEROGLU

**Date:**

*(Managing Director / Ms.)*

**Signature of Foreign National:**  
(Original signature required)

## Declaration of Person who has made the offer of employment

I, hereby solemnly declare that the particulars given in this application are true to the best of my knowledge and belief. I further declare that the full benefit of all the relevant Irish Employment Rights Legislation will be applied to this Foreign National. I hereby solemnly declare that:

- I have taken reasonable steps to satisfy myself that:
  - the qualifications, skills, knowledge and experience attained by the Foreign National are as stated in Part 2 of the application form and they correspond with and are relevant to the position on offer;
  - the Foreign National is a fully accredited member of the relevant professional body pursuant to Part C of Schedule 2 in the Principal Regulations for the position on offer, as stated in Part 4 of the application form (if applicable);
- the Foreign National, as stated in Part 2 of the application form, will be employed, salaried and paid under an employment contract governed by the laws of the State by me, the Person who has made the offer of employment, as stated in Part 1 of the application form.

I further understand, declare and accept that:

- in accordance with section 23 of the Employment Permits Act 2006, as amended, I may not make any deductions from the remuneration of, or seek to recover from, the holder of an employment permit concerned any charge, fee or expense arising out of or concerning one or more of the following:
  - the application for the employment permit or any matter relating to or concerning such an application or the grant of the permit;
  - the recruitment of the holder for the employment in respect of which the application was made; or
  - any amount previously paid to the holder in respect of travelling expenses incurred by the holder in connection with taking up the employment in the State.
- in accordance with section 25 of the Employment Permits Act 2006, as amended, a person who furnishes to the Minister, on an application under section 4, information that is false or misleading in a material respect knowing that it is so false or misleading or being reckless as to whether it is so false or misleading is guilty of an offence.
- if this application is for an employment in respect of a Carer in a private home and an employment permit is granted, I will have no objection to an Inspector from the Workplace Relations Commission (WRC) visiting the premises where employment is being carried out and to speak to me and the employee should the need arise; and
- I have full responsibility for guaranteeing that the appropriate deductions under the PAYE system will be made from all payments (including benefits-in-kind) made to the Foreign National and that all such deductions will be paid to the Revenue Commissioners.

I further understand that neither I, nor a person acting on my behalf, shall keep any personal document belonging to a holder of an employment permit.

**Title:**

**Name:**

**Position Held:**

**Date:**

Signature of Person who has  
made the offer of employment:  
(Original signature required)

