



Application by au pair (CH) for:

Inkom utlandsmyndighet
År, månad, dag

Ärendenummer

 Residence permit

Dossinummer

Sign

 Work permit

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Information about the requirements to receive a permit will be found on the Migration Board Web Site www.migrationsverket.se
A special form must be used when applying for residence permit under the EEA Agreement.

1 Period to which the application refers

Please write clearly

<input type="checkbox"/>	Temporary stay, dates (inclusive)
<input type="checkbox"/>	Prolongation of temporary stay, dates (inclusive)

2 Personal particulars

Surname		Citizenship	
Surname at birth		Citizenship at birth	
Given names (in full)			
Date of birth (year, mth, day, ID digits - if any)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Military service <input type="checkbox"/> No <input type="checkbox"/> Yes, year	Co applicants? <input type="checkbox"/> No <input type="checkbox"/> Yes (please look further at point 11)
Place of birth	Country of birth	Mother tongue	
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed	Other languages		

3 Passport etc.

<input type="checkbox"/> National passport	<input type="checkbox"/> Other passport	<input type="checkbox"/> Copy of passport attached	Passport no.
			<input type="checkbox"/> No passport
Issued by		Date	Expiry date
Restricted right to return to the country of domicile? <input type="checkbox"/> No <input type="checkbox"/> Yes, country:		Dates (inclusive)	
Permission to reside in another country? <input type="checkbox"/> No <input type="checkbox"/> Yes, country:		Dates (inclusive)	



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4 Current home address

c/o	Street & no.	Tel. (private)
Post code & district/town	Country	Tel. (daytime)

5 Permanent address

c/o	Street & no.
Post code & district/town	Country

6 Host family in Sweden

Name	E-mail address	
Street & no.		Tel.
Post code & district/town		Fax.

7 Previous visits in Sweden

<input type="checkbox"/> No <input type="checkbox"/> Yes, year:	Last date of entry
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8 Husband/Wife/Partner – personal particulars

Surname	Surname at birth	
Given names (in full)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (year, mth, day, ID digits - if any)
Citizenship	Citizenship at birth	
Current address (street & no., post code & district, country)		



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9 Children – personal particulars**Number of children:**

Surname		Surname at birth	
Given names (in full)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (year, mth, day, ID digits - if any)
Current address (street & no., post code & district, country)			Children <input type="checkbox"/> No <input type="checkbox"/> Yes, number:
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner			
Citizenship		Citizenship at birth	

Surname		Surname at birth	
Given names (in full)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (year, mth, day, ID digits - if any)
Current address (street & no., post code & district, country)			Children <input type="checkbox"/> No <input type="checkbox"/> Yes, number:
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner			
Citizenship		Citizenship at birth	

Surname		Surname at birth	
Given names (in full)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (year, mth, day, ID digits - if any)
Current address (street & no., post code & district, country)			Children <input type="checkbox"/> No <input type="checkbox"/> Yes, number:
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner			
Citizenship		Citizenship at birth	

10 Relatives in Sweden

Surname, given names	Relationship	Citizenship	Living in Sweden since (year)

11 Co-applicants (Each co-applicant must complete an application form.)

Name	Date of birth	Citizenship



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12 Further particulars

13 Please send notice of decision to

Diplomatic mission/Local office of the Swedish Migration Board
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14 Signature

I am applying for a Swedish residence permit. I solemnly confirm that the information I have supplied in the application papers is correct.	
_____	_____
Place and date	Signature



Questionnaire

1 Education up to and including post-secondary level in country of domicile

	No. yrs	Matric. yr

2 University/College in country of domicile

	No. yrs	Matric. yr

3 Vocational training, if any

	No. yrs	Matric. yr

4 Previous employers

Company name	Work as	Employed since

5 Why do you want to come to Sweden as an au pair?

6 In what way would it be useful for you to learn the Swedish language and to know about the Swedish culture after your stay in Sweden?

7 In which language are you and your host family going to talk?

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8 How many hours are you going to work a week?

9 How much will you be paid a month after tax deduction?

Documents to be attached to this application

- Copy of passport, showing your identity and citizenship and the passport expiry date.
- Offer of employment, showing rate of pay and working hours.
- Certificate of planned, and when applying for a prolongation, also completed studies in Swedish.

If you apply for an extension of your permit in Sweden you should pay the application fee to postal giro 957846-9 (Migrationsverket, Tillståndsenheten i Norrköping). Please forward the receipt, showing that you have paid, along with the application.

You will find more information about the fee on the Migration Board Web Site www.migrationsverket.se. Otherwise you can contact one of our offices.