

## **GOVERNMENT OF THE FIJI ISLANDS**

### **IMMIGRATION DEPARTMENT**

#### **Photographs**

Attach two copies of a recent passport-sized photograph for each applicant. The reverse of each should be certified by an adult as being a correct likeness.

### **APPLICATION FOR A PERMIT TO STUDY/RESEARCH**

#### **IMPORTANT NOTES**

##### **PLEASE READ THESE NOTES BEFORE COMPLETING THE FORM**

- 1 This form must be completed fully. We are under no obligation to request further information from you. Your application will be considered on the basis of the information submitted at the time of lodgement.
- 2 One form should be completed by each applicant. However where a family is applying for permits at the same time as the principal applicant, the other spouse and their children under 21 years of age may be included on the same form. The only occasion where children under 21 years complete a separate form is when they enter the Fiji Islands separately from the family and their permits were not applied for at the same time.
- 3 Where proof of qualifications and financial status are required, attested copies may be submitted but the Department reserves the right to call for original documents.
- 4 Appropriate fees, which are not refundable, must accompany the application either in a bank draft/or cash in Fiji currency.
- 5 Permits are normally issued for a period not greater than 3 years in the first instance.
- 6 Dates should be shown in the form: Day/Month/Year, e.g.28/09/2001.
- 7 Copies of marriage certificate (if appropriate) should be attached with all children's' birth certificates if permits are required for them. The department reserves the right to request for original documents.
- 8 Police Reports in respect of the applicant and his/her spouse from their countries of citizenship or residency must be submitted if they have lived there for 12 months or more in the last 10 years.
- 9 Medical reports, which are less than 3 months old, must be submitted by the applicant and members of his/her family who are applying for permits. The Department's medical report form must be used for this purpose.

**Please send the application with all the documents and fees to:**

**The Director  
Immigration Department  
Civic Towers  
Victoria Parade  
P O Box 2224  
Government Buildings  
Suva, Fiji Islands**

**PART A: PERSONAL DETAILS OF THE APPLICANT**

1. Name as shown on the birth certificate/passport:

Surname/family name	Given names

2. Gender: Male  Female

3. Date of Birth:

day	month	year

4. Nationality:

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5. Passport Number:

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6. Addresses:

Permanent Residential Address	Postal Address

7. Marital status: *(Please tick box).*

Married  Never married

Widowed  Divorced

8. If in a relationship, give details of spouse/partner and all children under the age of 21 years who are applying for permits.

Full names (surname first)	Date of birth	Country of birth	Sex	Relationship

9. Have you previously spent any time in Fiji? YES  NO.  If yes, please provide the following information:

From	To	Type of Permit Held	From	To	Type of Permit Held

10. Residential addresses of the applicant and spouse where they lived for 12 months or more in the last 10 years:

Applicant	Spouse
Dates: Address:	Dates: Address:
Dates: Address:	Dates: Address:
Dates: Address:	Dates: Address:

11. Have you ever been convicted of a criminal offence? YES  NO.  If yes, give details:

Date	Offence	Sentence

12. Intended residential and postal addresses in the Fiji Islands:

Residential	Postal

13. Name and address of any friends, relatives or contacts in the Fiji Islands are:

Name	Relationship	Address

14. Someone else has completed or has helped to complete this form. Their details are:

Name	Address

**PART B: TO BE COMPLETED BY PERSONS COMING TO STUDY IN A PRIMARY/SECONDARY/ INSTITUTE.**

1. Name of School:

*(attach a school acceptance letter for the study permit being applied for)*

2. Class/Form:

3. Date you intend to start School:

4. Who will be your guardian in Fiji:

*(attach evidence of financial arrangement made for your stay in Fiji)*

5. Give reasons why you chose to study in Fiji:


*(attach your parent or guardian's letter agreeing to your study in Fiji)*

**PART C: TO BE COMPLETED BY PERSONS COMING TO STUDY AT A TERTIARY INSTITUTION**

1. Name of Institution:

*(attach the Institution's letter confirming your acceptance)*

2. Title of course or study:

3. Date you intend to start attending and duration of the whole course of study:

Date Course Starts	Duration of the Course

**PART D: TO BE COMPLETED BY PERSONS WISHING TO UNDERTAKE RESEARCH STUDIES.**

**1. Title of Research:**

--

**2. Give a brief description of this research project:**


*(attach a copy of your curriculum vitae)*

**3. Give the name(s) of the local institution(s), which will assist you in your research:**


*(attach support letters from the Fiji institutions who have agreed to assist you in your research)*

**4. Give the name(s) of your sponsor(s):**


*(attach proof of funds available for this research and your sponsor's approval to do it in Fiji)*

**5. How can this research project assist or be of value to Fiji:**


**6. Where in Fiji will the research be conducted:**


*(attach approvals granted to do your research in the places named above)*

**7. Please provide a copy of your thesis to the Immigration Department:**


**PART E:**

**APPLICANT'S DECLARATION**

1. I agree to comply with all requirements in this form and to submit all documents requested therein.
2. I agree to comply with any terms and conditions stated in this form and which may be stated in connection with any permit granted to me as a result of this application.
3. I realize that I shall not be able to undertake employment in the Fiji Islands unless I first secure appropriate permit to work from the Permanent Secretary.
4. I undertake not to become a liability in any way whatsoever on the Government of the Fiji Islands, and will provide an Immigration Security Bond for repatriation purposes if required, when my permit is approved.
5. I certify that all information on this application is true to the best of my knowledge and belief.

Signature of Applicant: ..... Signature of Adult Witness: .....

Name in Full: .....

Address:.....

Date: ..... Date: .....

**PART F:** *(Tick the appropriate box)*

	<b>YES</b>	<b>NO</b>
1. Completed and signed application form	<input type="checkbox"/>	<input type="checkbox"/>
2. Application Fee	<input type="checkbox"/>	<input type="checkbox"/>
3. Police report(s) of principal applicant if attending tertiary institution	<input type="checkbox"/>	<input type="checkbox"/>
4. Police report(s) of spouse (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
5. Police report(s) of children (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
6. Medical report of principal applicant (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
7. Medical report of spouse (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
8. Medical report of children (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

**PART G : POLICE REPORT**

*(Section A of this part should be completed by the applicant and forwarded to the police in his country of domicile)*

**SECTION A**

Name: .....

Date of birth: ..... Place of birth: .....

Nationality: ..... Occupation: .....

Marital Status: ..... Passport No: ..... Date and place of issue .....

Addresses of places where I have resided for 12 months or more in the last ten years: (If additional space is required please use a separate sheet of paper).

1.		2.	
From	To	From	To

1.		2.	
From	To	From	To

1.		2.	
From	To	From	To

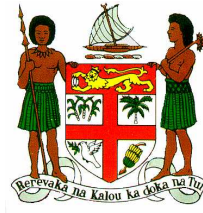
1.		2.	
From	To	From	To

**SECTION B**

I hereby authorize the Police to carry out my record check and forward the report to the Director of Immigration, P. O. Box 2224, Government Buildings, Suva, Fiji Islands.

Date:

Signature of the applicant:



**GOVERNMENT OF THE FIJI ISLANDS**  
**IMMIGRATION DEPARTMENT**

**MEDICAL REPORT FORM**

**Photographs**  
Attached two copies of a recent passport-sized photograph for each applicant. The reverse of each should be certified by an adult as being a correct likeness.

**IMPORTANT NOTES**

1. This medical certificate form must be completed in English by a Registered Medical Practitioner for each person applying to stay in the Fiji Islands for more than 6 months.
2. This certificate must be under 3 months old at the time of lodgement.
3. Each applicant must produce evidence of identification, such as passport, to the Medical Examiner.
4. Fees for the medical examination are payable by the applicant or their sponsor.

---

**PART H : SECTION A: PERSONAL DETAILS OF THE APPLICANT**

1. Name(s) as shown in the passport:

(Surname)

(Given names)

2. Full residential address:

3. Gender: Male  Female

4. Date of birth:

day month year

5. Nationality as on passport:

6. Passport number:

7. Give reasons why you need to do this medical examination:


**SECTION B: APPLICANT'S MEDICAL RECORDS**

1. Has the applicant ever been hospitalised or undergone surgery of any kind:      Yes       No
2. Has the applicant ever been refused employment, insurance, military service or entry to another Country on medical grounds:      Yes       No
3. Does the applicant have any history of dependency on drugs, alcohol or other controlled substances:      Yes       No
4. Has the applicant or any member of his/her family ever suffered from any mental disorder, fits or epilepsy:      Yes       No
5. Has the applicant ever suffered from the HIV/AIDS syndrome or any other sexually transmitted disease:      Yes       No

If Yes to any of the above, please give details and dates:


6. Other observations found not normal, e.g. diabetic, high blood pressure, pregnancy, etc.

**SECTION C: APPLICANTS DECLARATION**

- 1. I declare that the details given by me on this form to the medical examiner are true and correct in respect.
- 2. I agree that I will undergo, at my expense, any further medical examinations that may be required by the Immigration Department.
- 3. I authorize that the medical examiner who completes this form to release to Immigration Department, or its medical consultants, any information acquired with regard to this examination.

SIGNATURE OF APPLICANT:

SIGNATURE OF EXAMINER AS WITNESS:

.....

.....

DATE: .....

DATE: .....

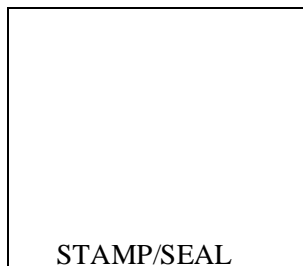
**SECTION D : MEDICAL EXAMINER'S DECLARATION**

- 1. I have confirmed the identity of the applicant from his/her passport, identification papers and appearance.
- 2. I am satisfied that the particulars submitted by the applicant are true and correct.
- 3. The statements made by me in answer to all questions in this form are true to the best of my knowledge and belief.
- 4. I agree that all the information contained in this form is for the use of the Immigration Department and/or its medical consultants and shall not be released to anyone else.
- 5. I certify that the applicant is medically fit/not medically fit to work/reside/study in Fiji.

SIGNATURE OF MEDICAL EXAMINER: .....

DATE: .....

COMPANY STAMP/SEAL:



Home Address:.....

TO WHOM IT MAY CONCERN

I hereby give my consent for my child, ....., to attend Namaka Public Free Bird Institute, Fiji Islands from ..... to ..... I also give the Principal of the school the right to deal with him/her accordingly should he/she continuously disobey the school regulations or do anything contrary to the laws of the country.

Thank you.

Signature of Adult Witness:.....

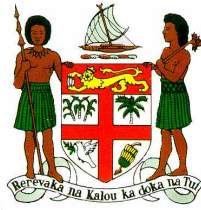
Name in Full:.....

Date:.....

日本語訳  
フィジー滞在中（\_\_月\_\_日から\_\_月\_\_日まで）の学生、学生の名前の指導、教育について、また、学生がフィジーの法律、校則に反した場合の対処を学校長に一任いたします。

Signature of Adult Witness: 保護者または保証人のサイン  
Name in Full: 保護者または保証人のお名前（ローマ字で）  
Date: 日付（日/月/年）

【記入例】



## GOVERNMENT OF THE FIJI ISLANDS

### IMMIGRATION DEPARTMENT

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- 12 Where proof of qualifications and financial status are required, attested copies may be submitted but the Department reserves the right to call for original documents.
- 13 Appropriate fees, which are not refundable, must accompany the application either in a bank draft/or cash in Fiji currency.
- 14 Permits are normally issued for a period not greater than 3 years in the first instance.
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**Please send the application with all the documents and fees to:**

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Immigration Department  
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Victoria Parade  
P O Box 2224  
Government Buildings  
Suva, Fiji Islands**

**PART A: PERSONAL DETAILS OF THE APPLICANT**

**1. Name as shown on the birth certificate/passport:**

Surname/family name	Given names
<b>YAMADA</b>	<b>TARO</b>

**2. Gender:** Male  Female

**3. Date of Birth:**

<b>1</b>	<b>APR</b>	<b>1980</b>
day	month	year

**4. Nationality:**

<b>JAPAN</b>
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**5. Passport Number:**

<b>TH0123456</b>
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**6. Addresses:**

Permanent Residential Address	Postal Address
<b>2-6-4.Ichigayatamachi. Shinju-ku.Tokyo.Japan</b>	<b>2-6-4.Ichigayatamachi. Shinju-ku.Tokyo.Japan</b>
<b>本籍</b>	<b>現住所</b>

**7. Marital status: (Please tick box).**

Married  Never married

Widowed  Divorced

~~✗~~ If in a relationship, give details of spouse/partner and all children under the age of 21 years who are applying for permits.

Full names (surname first)	Date of birth	Country of birth	Sex	Relationship

9. Have you previously spent any time in Fiji? YES  NO.  If yes, please provide the following information:

From	To	Type of Permit Held	From	To	Type of Permit Held

10. Residential addresses of the applicant and spouse where they lived for 12 months or more in the last 10 years:

Applicant	Spouse
Dates: Address: <b>2-6-4.Ichigayatamachi. Shinju-ku.Tokyo.Japan</b>	Dates: Address:
Dates: Address:	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; background-color: #fde9d9;"> <p>過去 10 年間に 1 年以上居住 したことがある住所を全て 記入して下さい ない場合、本籍を記入</p> </div>
Dates: Address:	

11. Have you ever been convicted of a criminal offence? YES  NO.  If yes, give details:

Date	Offence	Sentence

12. Intended residential and postal addresses in the Fiji Islands:

Residential	Postal

13. Name and address of any friends, relatives or contacts in the Fiji Islands are:

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14. Someone else has completed or has helped to complete this form. Their details are:

Name	Address

**PART B: TO BE COMPLETED BY PERSONS COMING TO STUDY IN A PRIMARY/SECONDARY/ INSTITUTE.**

2. Name of School:

*(attach a school acceptance letter for the study permit being applied for)*

2. Class/Form:

3. Date you intend to start School:

4. Who will be your guardian in Fiji:

*(attach evidence of financial arrangement made for your stay in Fiji)*

5. Give reasons why you chose to study in Fiji:

<b>例 I heard that people are friendly. So It's nice for me to learn English.</b>

*(attach your parent or guardian's letter agreeing to your study in Fiji)*

**PART C: TO BE COMPLETED BY PERSONS COMING TO STUDY AT A TERTIARY INSTITUTION**

1. Name of Institution:

*(attach the Institution's letter confirming your acceptance)*

2. Title of course or study:

3. Date you intend to start attending and duration of the whole course of study:

Date Course Starts	Duration of the Course

**PART D: TO BE COMPLETED BY PERSONS WISHING TO UNDERTAKE RESEARCH STUDIES.**

**1. Title of Research:**

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**2. Give a brief description of this research project:**


*(attach a copy of your curriculum vitae)*

**3. Give the name(s) of the local institution(s), which will assist you in your research:**


*(attach support letters from the Fiji institutions who have agreed to assist you in your research)*

**4. Give the name(s) of your sponsor(s):**


*(attach proof of funds available for your research and your sponsor's approval to do it in Fiji)*

**8. How can this research project assist or be of value to Fiji:**


**9. Where in Fiji will the research be conducted:**


*(attach approvals granted to do your research in the places named above)*

**10. Please provide a copy of your thesis to the Immigration Department:**


**PART E:**

## **APPLICANT'S DECLARATION**

6. I agree to comply with all requirements in this form and to submit all documents requested therein.
7. I agree to comply with any terms and conditions stated in this form and which may be stated in connection with any permit granted to me as a result of this application.
8. I realize that I shall not be able to undertake employment in the Fiji Islands unless I first secure appropriate permit to work from the Permanent Secretary.
9. I undertake not to become a liability in any way whatsoever on the Government of the Fiji Islands, and will provide an Immigration Security Bond for repatriation purposes if required, when my permit is approved.
10. I certify that all information on this application is true to the best of my knowledge and belief.

Signature of Applicant: **Taro Yamada**

Signature of Adult Witness: **Hanako Yamada**

Name in Full: **Hanako Yamada**

Address: **2-6-4, Ichigayatamachi, Shinjuku-ku, Tokyo, Japan**

Date: **07 / JUL / 2006**

Date: **07 / JUL / 2006**

- サイン
- 日付（日/月/年）

- 保護者のサイン
- 保護者のフルネーム
- 住所
- 日付（日/月/年）

**PART F:** (Tick the appropriate box)

	<b>YES</b>	<b>NO</b>
9. Completed and signed application form	<input type="checkbox"/>	<input type="checkbox"/>
10. Application Fee	<input type="checkbox"/>	<input type="checkbox"/>
11. Police report(s) of principal applicant if attending tertiary institution	<input type="checkbox"/>	<input type="checkbox"/>
12. Police report(s) of spouse (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
13. Police report(s) of children (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
14. Medical report of principal applicant (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
15. Medical report of spouse (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
16. Medical report of children (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

**PART G : POLICE REPORT**

(Section A of this part should be completed by the applicant in the country of domicile)

警察に無犯罪証明書を申請する際に、ご記入下さい  
Date and place of issue には日付と Police 名を英語でご記入ください

**SECTION A**

Name: Taro Yamada

Date of birth: 1 / APR / 1980

Place of birth: JAPAN

Nationality: JAPAN

Occupation: Sales

Marital Status: Never married Passport No: TH0123456 Date and place of issue 1 / JUL / 7  
Metropolitan Police Department

Addresses of places where I have resided for 12 months or more in the last ten years: (If additional space is required please use a separate sheet of paper).

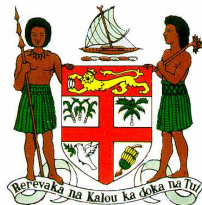
1. <u>2-6-4.Ichigayatamachi.Shinjuku-ku.Tokyo.Japan</u>		2.	
From	To		
P3.10 と同じ住所をご記入下さい			
1.			
From	To	From	To
1.		2.	
From	To	From	To
1.		2.	
From	To	From	To

**SECTION B**

I hereby authorize the Police to carry out my record check and forward the report to the Director of Immigration, P. O. Box 2224, Government Buildings, Suva, Fiji Islands.

Date: 1 / JUL / 2006

Signature of the applicant: Taro Yamada



GOVERNMENT OF THE FIJI ISLANDS

IMMIGRATION DEPARTMENT

MEDICAL REPORT FORM

Photographs

Attached two copies of a recent passport-sized photograph for each applicant. The reverse of each should be certified by an adult as being a

IMPORTANT NOTES

5. This medical certificate form must be completed in English by a Registered Medical Practitioner for each person applying to stay in the Fiji Islands for more than 6 months.
6. This certificate must be under 3 months old at the time of lodgement.
7. Each applicant must produce evidence of identification, such as passport, to
8. Fees for the medical examination are payable by the applicant or their sponsor.

「健康診断」  
英語のわかるお医者様にお  
願いして下さい  
問診のみの健康診断で可  
P9 はご自分でご記入下さい

**PART H :** SECTION A: PERSONAL DETAILS OF THE APPLICANT

1. Name(s) as shown in the passport:

**YAMADA**

(Surname)

**TARO**

(Given names)

2. Full residential address:

**2-6-4.Ichigayatamachi.Shinjuku-ku.Tokyo.Japan**

3. Gender: Male  Female

4. Date of birth:

**1**

**APR**

**1980**

day

month

year

5. Nationality as on passport:

**JAPAN**

6. Passport number:

**TH0123456**

7. Give reasons why you need to do this medical examination:

**例 To get a VISA to study in Fiji Island more than four month.**

**SECTION B: APPLICANT'S MEDICAL RECORDS**

1. Has the applicant ever been hospitalised or undergone surgery of any kind: Yes  No
2. Has the applicant ever been refused employment, insurance, military service or entry to another Country on medical grounds: Yes  No
3. Does the applicant have any history of dependency on drugs, alcohol or other controlled substances: Yes  No
4. Has the applicant or any member of his/her family ever suffered from any mental disorder, fits or epilepsy: Yes  No
5. Has the applicant ever suffered from the HIV/AIDS syndrome or any other sexually transmitted disease: Yes  No

If Yes to any of the above, please give details and dates:


6. Other observations found not normal, e.g. diabetic, high blood pressure, pregnancy, etc.

P10, 11 はお医者様が記入されます  
病院のスタンプが必要です  
のでご注意下さい

**SECTION C: APPLICANTS DECLARATION**

- 3. I declare that the details given by me on this form to the medical examiner are true and correct in respect.
- 4. I agree that I will undergo, at my expense, any further medical examinations that may be required by the Immigration Department.

3. I authorize the Immigration Department to use the information acquired from this form for the purpose of the medical examination. I agree that I will undergo, at my expense, any further medical examinations that may be required by the Immigration Department.

SIGNATURE: **ご自分のサインと日付をご記入下さい** SIGNATURE OF EXAMINER AS WITNESS: **お医者様のサインと日付**

Taro Yamada .....

DATE: 1 / JUL / 2006 .....

**SECTION D : MEDICAL EXAMINER'S DECLARATION**

- 1. I have confirmed the identity of the applicant from his/her passport, identification papers and appearance.
- 2. I am satisfied that the particulars submitted by the applicant are true and correct.
- 3. The statements made by me in answer to all questions in this form are true to the best of my knowledge and belief.
- 4. I agree that all the information contained in this form is for the use of the Immigration Department and/or its medical consultants and shall not be released to anyone else.
- 5. I certify that the applicant is medically fit/not medically fit to work.

SIGNATURE OF MEDICAL EXAMINER: .....

DATE: .....

COMPANY STAMP/SEAL: **病院のスタンプ**

