



## 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](http://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. <span style="float: right;"><input type="checkbox"/> No passport</span>
Issued by	Date <span style="float: right;">Expiry date</span>
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](http://www.migrationsverket.se). Otherwise you can contact one of our offices.**