STUDENT COOPERATION AUTHORISATION CHECK LIST

The Check List below gives full details of what you need to submit your application. All the required forms are included here. Please send your application to:

Student Cooperation Visa, Embassy of Ireland, 130 Albert Street Suite 1105, Ottawa, ON K1P 5G4.

	Application form fully completed and signed	
	2 passport size photos, background must be white	
su oı	Passport - must be valid for 18 months from your date of entry into Ireland. You must abmit your passport with your application. If you are a Canadian citizen applying from utside Canada, please enclose a copy of your passport stamped as "original seen" by your earest Embassy of Ireland if abroad, or your local Garda Station if in Ireland.	
	Proof of insurance for 12 months and signed and dated Insurance Declaration	
	Signed and dated agreement to Terms and Conditions	
	A bank letter showing at least \$2,500.00 CAD in support funds - must have original stamp signature from the bank; photocopies or printouts will not be accepted.	
☐ A letter from your post-secondary institution confirming that you are registered as a student for the full duration of the Student Cooperation visa and that your work placement or internship in Ireland meets the requirements of your academic curriculum		
	Payment	
	Completed and signed Check List	
5	Signature: Date:	

STUDENT COOPERATION AUTHORISATION APPLICATION

The Ireland Student Cooperation Authorisation is valid for up to 1 year. Canadian citizens aged 18-35 are eligible.

SECTION 1: INSURANCE Insurance policy number:
SECTION 2: PERSONAL INFORMATION
Last Name: (as written in your passport)
Given Names: (as written in your passport)
Gender:
Marital Status: □ Single □ Married □ Divorced □ Separated □ Widowed
Do you have any children? □ Yes □ No
Date of Birth: (day/month/year)
City and Country of Birth:
Country of Residence:
Passport# Expiry Date:
Do you have any criminal convictions in any country? □Yes □No
Have you ever been refused entry to or deported from another country? $\Box Yes \Box No$
SECTION 3: CONTACT INFORMATION
Street Address:
City: Province: Postal Code:
Home Phone: Cell phone:
Email:
SECTION 4: DEPARTURE INFORMATION
Date of Departure from Canada: (day/month/year)
Signature: Date:

STUDENT COOPERATION AUTHORISATION TERMS AND CONDITIONS

I agree to the following terms and conditions:

- I have sufficient funds, or access to such funds, to support myself during a substantial part of my visit.
- Within one month of arrival in Ireland, holders of Student Cooperation Visas must register with the Garda Nation Immigration Bureau and will be issued with a Certificate of Registration on payment of the appropriate fee; (the current fee is €300). This is subject to change.
- The Student Cooperation Authorisations are issued on an individual basis. Holders of the Student Cooperation Authorisation shall not seek to be accompanied or joined by a spouse or dependents.
- Permission granted to those entering Ireland on the basis of a Student Cooperation
 Authorisation shall be valid for a maximum period of twelve (12) months from the
 date of entry into Ireland.
- Extensions to the period of validity of such permission shall not be granted.
 Participants must leave Ireland on the expiration of the permission, which cannot be extended nor renewed.

Signature:	_ Date:

STUDENT COOPERATION AUTHORISATION INSURANCE DECLARATION

Α	All applicants for the Student Cooperation Authorisation must provide proof of having one				
y	year of comprehensive travel insurance to cover the full duration of their stay in Ireland.				
*	Note: if you intend on being in Ireland on a working holiday for less than one year, you				
V	will still need to show proof of insurance for 12 months.				
I,	,, declare that I am leaving for Ireland with one year				
О	of comprehensive travel insurance that covers me for emergency medical and repatriation				
p	urposes.				
ĺ					
	Signature: Date:				