

APPENDIX C: TIER 4 – STUDENT VISA WORK RESTRICTIONS FORM

Employee Personal Details:			
Employee Name:		Employee Number:	
Current Job Title:		Payroll: (Please Tick)	☐ Monthly (23 rd)
Service / Department:			☐ Monthly (15 th)
Local Authority:			☐ Monthly (LWD)
Line Manager Name:			☐ Weekly (Friday)
Line Manager Job Title:			☐ Bank (Tuesday)

Course / Degree Details:			
Academic Institution:			
Course / Degree Title:			
Course / Degree Dates:	Start Date:		End Date:
Term Time Details:	Start Date:		End Date:
	Start Date:		End Date:
	Start Date:		End Date:

Student Visa Details:	
Type of Visa:	
Visa Issues Date:	
Visa Expiry Date:	
Work Conditions / Restrictions:	
Hours Permitted to Work:	

Student Visa Evidence:			
Copy of Biometric Residence Permit Card?	Yes:	☐	No:
		☐	

Printout from the student's education institution's website or other material published by the institution setting out its timetable for the student's course of study	Yes:	☐
	No:	☐
A copy of a letter or email addressed to the student from their education institution confirming term time dates for the student's course	Yes:	☐
	No:	☐
A letter addressed to Creative Support, from the education institution confirming term time dates for the student's course.	Yes:	☐
	No:	☐
In relation to work placements, the education sponsors must provide a letter to the work placement provider, confirming that the work placement forms an integral part of the course, the terms and conditions of the work placement including the work that the student will be expected to do and how and when they will be assessed	Yes:	☐
	No:	☐

Employee's Declaration:	
I confirm the above is true & acknowledge that false information will result in disciplinary action.	
Date of Signature:	
Employees Signature:	