



Received from Swedish mission abroad

Received from the Swedish Migration Agency

Application for an EU Blue Card for work in Sweden

– for applicants currently outside
Sweden

| | |
|---|-----------|
| To be filled out by the Swedish Migration Agency/Swedish mission abroad | |
| Dossier number | Signature |
| | |

Read this first!

Use this form if you are currently outside Sweden when applying for an EU Blue Card for work in Sweden, and are a citizen of a country outside the EU/EEA area or Switzerland.

In order to obtain an EU Blue Card, you must have an employment contract or an offer of highly qualified employment for one year. Your salary shall be at least one and a half times the Swedish average salary, and you must be able to show that you have the university/college education or work experience required for the position. You must also have or have applied for comprehensive health insurance.

The Swedish Migration Agency will charge an application fee for the administration of this application.

In general, you will have to apply for and be granted a permit before travelling to Sweden. Submit your application at a Swedish embassy or consulate general.

If you provide all the information in your form and include all the required documents, you will receive your decision sooner than if we have to ask you for supplementary information.

More information about the EU Blue Card and the salary threshold can be found at www.migrationsverket.se

- I am applying for an EU Blue Card in order to work in Sweden as ...**
 (please state occupation) (CE)
- I have an EU Blue Card in Sweden and I wish to extend it to work as ...**
 (please state occupation) (CEX, CEAX)
- I have an EU Blue Card in another EU country and now I am applying for an EU Blue Card in Sweden to work as**
 (please state occupation) (CEA)

I am planning to work in Sweden from (YYYY-MM-DD) up to and I am planning to enter Sweden on

If I cannot get an EU Blue Card, I would like the Migration Agency to consider my application according to the normal rules for work permits. Yes No

Comprehensive health insurance that covers costs in the event of any illness in Sweden

I have or have applied for comprehensive health insurance for the first three months in Sweden.

| | |
|-------------------|---|
| Insurance company | The insurance is valid until (state date) |
| | |

Personal details

| | | | |
|--|----------------------------|--|------------------|
| Last name (family name) | | Previous last name | |
| First name (all) | | Is any family member submitting an application for residence permit at the same time as you? <input type="checkbox"/> No <input type="checkbox"/> Yes (family members <u>must</u> submit their own application) | |
| Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of birth (YYYY-MM-DD) | Place of birth | Country of birth |
| Citizenship | Previous citizenship | Native language | Other languages |
| Civil status <input type="checkbox"/> Single <input type="checkbox"/> Married (including domestic partner) <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower | | | |

Passport information

| | | |
|--|------|-----------------|
| <input type="checkbox"/> National passport <input type="checkbox"/> Other passport (state which type) | | Passport number |
| Passport issued by | Date | Valid until |
| I have a permit to live (reside) in a country other than my home country from – to <input type="checkbox"/> No <input type="checkbox"/> Yes, country: | | |

Contact details

| | |
|--|------------------|
| Your address in the country where you live | |
| E-mail address | Telephone number |
| Any planned address in Sweden | |

Previous applications for permits in Sweden

| |
|--|
| Have you previously applied to enter Sweden? <input type="checkbox"/> No <input type="checkbox"/> Yes, in the year..... |
|--|

Previous visits to Sweden and other Schengen countries (the most recent one first)

| | |
|---|---|
| 1. Country and length of stay (from, up to) | 2. Country and length of stay (from, up to) |
| 3. Country and length of stay (from, up to) | 4. Country and length of stay (from, up to) |

Husband's/wife's/cohabiting partner's personal details (All co-applicants must submit their own application)

| | | |
|--|--|----------------------------------|
| Last name (family name) | Previous last name | |
| First name (all) | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of birth (year, month, day) |
| Citizenship | Previous citizenship | |
| Current address (street, city and country) | | |

Children's personal details (All co-applicants must submit their own application)

| | | |
|-------------------------------------|---------------|-------------|
| Last name (family name), first name | Date of birth | Citizenship |
| | | |
| | | |
| | | |
| | | |

Important! Husbands/wives/cohabiting partners and children are to use the form "Application for permit for family members of workers/visiting scholars/athletes and self-employed persons" MIGR 132011

Work in Sweden

| | | |
|--|----------------|--|
| Employer in Sweden | | |
| Contact person at the employer/client | | E-mail address |
| Street address | | Telephone number |
| Postcode | Postal address | Telefax |
| Workplace address (if different) | | |
| Describe your work assignments | | |
| From which employer (in Sweden or abroad) will you receive your salary? | | |
| How much will you receive in salary (before taxes) each month? | | How many hours will you be working per week? |
| Will you receive any other compensation/allowances? <input type="checkbox"/> No <input type="checkbox"/> Yes | | If yes, please state the monthly amount |
| Which insurances have your employer taken out/will be taking out on your behalf? <input type="checkbox"/> Healthcare insurance <input type="checkbox"/> No-fault liability insurance <input type="checkbox"/> Life insurance <input type="checkbox"/> Pension insurance | | |
| How did you learn about the work in Sweden? | | |

Previous work in Sweden

| | |
|------------------------------|----------------------------------|
| Employer | Length of employment (from – to) |
| Reason for ending employment | |

Previous studies and work experience

| School education up to and including secondary school level | Number of years | Graduated in the year |
|---|-----------------|-----------------------|
| | | |
| University/college education (state the level) | | |
| | | |
| Vocational education | | |
| | | |
| Previous employers | Work as | Length of employment |
| | | |
| | | |

Other information you wish to submit regarding your application

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| |
|--|

The decision should be sent to

Please state which Swedish embassy or consulate-general we should send it to

Signature

I assure that the information I have provide is correct.

.....
Date and location

.....
Signature

Documents that you are to send with your application

- Offer of employment (www.migrationsverket.se).
- Opinion from relevant union (www.migrationsverket.se).
- A copy of your passport that shows your identity, the passport's period of validity and any residence permits for countries outside your home country.
- Degree certificate or extract from the records from your university.
- Statement of employment from relevant previous employers.

You must also include the following documents if you...**...are applying for an extension**

- Statement of income for the previous year, if you worked in Sweden at that time.
- Payslips for this year if you are currently working in Sweden.
- Certificate of employment from your employer, with information about your employment in Sweden (if you have had a work permit in Sweden for nearly four years.)

...have an EU Blue Card in another EU country and are applying for a Blue Card in Sweden.

- Copies of current EU Blue Card.