An Roinn Fiontar, Turasóireachta agus Fostaíochta
Department of Enterprise, Tourism and Employment

2027 SEASONAL EMPLOYMENT PERMIT (SEP) SCHEME

Approved Seasonal Employer (ASE) Application Form
2027 Season

Applications will only be accepted by 12th December via email to empu@enterprise.gov.ie

PART A – EMPLOYER AND EMPLOYMENT DETAILS

1. EMPLOYER DETAILS

Registered Name of Company/Business	
Trading Name (if different)	
Company Registration Number (CRO)	
Employer Registered Number (ERN)	
Attach a copy of your Revenue Commissioners Statement of Account showing the monthly statutory returns dated within 3 months	

Nature of Business	*Please tick*
☐ Sole Trader ☐ Limited Company ☐ Partnership ☐ Cooperative ☐ Other:	
Business Address including Eircode	
Sector	*Please tick*
☐ Soft Fruit Growing ☐ Vegetable Growing ☐ Other:	

2. CONTACT PERSON DETAILS

Name	
Position	
Telephone Number	
Email Address	

3. BUSINESS COMPOSITION

Number of EEA (including Irish), Swiss and UK Nationals Currently Employed	
Number of Non-EEA Nationals Currently Employed	

Does the business comply with the 50:50 Rule?

☐ Yes ☐ No

Company Turnover

Company Total Turnover	
Balance Sheet Total	

4. DETAILS OF SEASONAL EMPLOYMENT

Number of Foreign Nationals Proposed to be Employed Under SEP	
Job Title	
Have any redundancies taken place within the previous 6 months relating to the same role(s)? If yes, provide details	
☐ Yes ☐ No	
Detailed Duties and Responsibilities	
Proposed Start Date:	
Proposed End Date:	
Contract Duration	
☐ 3 Months ☐ 4 Months ☐ 5 Months ☐ 6 Months ☐ 7 Months	
Required Skills or Experience	

5. PAY DETAILS

Total Salary to be paid (€)	
Hourly Rate (€)	
Hours Per Week	
Payment Frequency	
☐ Weekly ☐ Fortnightly ☐ Monthly	

Total equivalent Annualised Salary (€)	
Equivalent minimum Weekly Rate (€)	
Additional Terms and Conditions of Employment	

6. LOCATION OF WORK

Provide all locations where employment of seasonal permit holders will be carried out.

Location 1	
Location 2	
Location 3	
Location 4	

7. ACCOMMODATION ARRANGEMENTS

Provide details of the arrangements made, or planned, to provide accommodation for the foreign nationals proposed to be employed during the period of employment	

8. HEALTH INSURANCE ARRANGEMENTS

Provide details of the arrangements made or planned to provide appropriate health insurance to the foreign nationals proposed to be employed without any cost to the foreign nationals during the period	
(Proposed) Health Insurance Provider	

9. TRANSPORT OR EXPENSES ARRANGEMENTS

Provide details of the arrangements made or planned to provide expenses or transport to the foreign nationals proposed to be employed during the period for which approval is sought	

10. TRAINING AND SKILLS DEVELOPMENT

Provide details of the arrangements made, or planned, to provide training to the foreign nationals proposed to be employed during the period of employment	
Provide details of any measures that shall be taken to increase the skills, knowledge, qualifications or experience of employees (other than SEP holders, in respect of the employment concerned, including the employment of any trainees or apprentices, or	

including by way of the introduction of technical changes to work processes	

PART B – RECRUITMENT SUPPLY CHAIN DETAILS

11. PRINCIPAL RECRUITMENT OR EMPLOYMENT AGENCY

Registered Trading Name	
Registered Country	
Headquarters Address	
Office Address (if different)	
Contact Person	
Position	
Telephone	
Email	

12. SECONDARY RECRUITMENT OR EMPLOYMENT AGENCY

Registered Trading Name	
Registered Country	
Headquarters Address	

Office Address (if different)	

Contact Person	
Position	
Telephone	
Email	

13. LOCAL AGENT

Registered Trading Name	
Registered Country	
Headquarters Address	

Office Address (if different)	

Contact Person	
Position	
Telephone	

Email	

14. MIGRATION AGENT (IF APPLICABLE)

Agent Name	

Business Name	

Address	

Telephone	

Email	

Contact Person	

Country of Recruitment	

PART C – EMPLOYER DECLARATIONS

I declare that the information provided in this application is true, accurate and complete.

I confirm that appropriate health insurance will be provided to the foreign national for the duration of their employment in the State. The full cost of this insurance will be borne by the employer, and no contribution will be required from the employee.

I confirm that appropriate accommodation including Residential Tenancies Board registration has been or will be provided to the foreign national for the duration of their employment in the State

Signature	

Date:	

Name	

Position	

Any misleading, false or incomplete information may result in refusal, revocation or future ineligibility.

DETE may verify information provided with relevant authorities or agencies.

Approved Seasonal Employer status is valid for one year only.

ASE approval is separate from individual SEP approvals.

PART D – SUPPORTING DOCUMENTATION CHECKLIST

Documents and/or Details Required

☐ Revenue Statement of Account (within previous 3 months) ☐ Company Registration number ☐ Workforce Composition Details ☐ Company turnover ☐ Accommodation Plans ☐ Health Insurance Details ☐ Training & Development Plan ☐ Recruitment Supply Chain Details

Pay Compliance Confirmation

☐ Minimum annual remuneration requirement satisfied ☐ Minimum hourly remuneration requirement satisfied ☐ Minimum weekly hours requirement satisfied ☐ Pay complies with Employment Permit requirements

OFFICIAL USE ONLY

Application Number	

Date Received:	

ASE Status	
☐ Approved ☐ Provisionally Approved ☐ Refused ☐ Pending	
Processing Officer	
Decision Date:	
Comments	