

# WORKING HOLIDAY IN BELGIUM

## DO I QUALIFY?

Answer 'Yes' or 'No' the following questions:

1. Are you between the ages of 18 and 30 years?
2. Are you currently living in Canada?
3. Are you a Canadian citizen?
4. Do you have a valid Canadian passport?
5. Is this your first working holiday visa to Belgium?
6. Is your main purpose in traveling to Belgium for tourism?

If you have answered **'Yes'** to all of these questions, proceed to download the Belgium Working Holiday Kit. It contains information about additional requirements that must be met to be considered for the Belgium working holiday visa.

If you have answered **'No'** to any of these questions, you do not meet the basic requirements for the Belgium working holiday program. It is not recommended that you apply as application fees are not refundable.

\*\*\*Note: Meeting minimum requirements does not guarantee that you will be issued a working holiday visa.

\*\*\*Note: This questionnaire is only meant to be used as a guideline. All applicants are ultimately responsible for ensuring they are eligible for the working holiday program. Immigroup does not assume responsibility for applications that are rejected.

## Immigroup Immigration Services

**Contact us:** Toll free: 1-866-760-2623 Fax: 416-640-2650

**Mailing Address:** Immigroup, 1180 Danforth Ave. Toronto, Ontario M4J 1M3

### Belgium Working Holiday –Immigroup Instruction Form

(You must include this page with your package)

**\*\*\*Please note:** It is highly recommended that you complete the questionnaire **“Do I qualify?”** before continuing on with the application process to ensure you meet basic requirements for the Belgium working holiday program.

1. Complete one (1) application form for a working holiday (“Application for Schengen Visa”).
2. Review the checklist of required supporting documentation (“Belgium Working Holiday Documents Checklist”). You must obtain all the supporting documentation.
3. Fax in copies of all of the above to our office for review (application form and supporting documents). Our fax number is 416-640-2650. **If you are unsure of how to complete a question, please leave it blank.**
4. A representative will review your fax and contact you within 2 business days. During this call we will instruct you on any additional information you need to provide, or instruct you to send your documents in to our office. **Any questions you have regarding how to complete your application will be answered when a representative contacts you.**
5. Upon receiving your documents, your application package will undergo a final review by our agents, and once approved, will be delivered to the appropriate Belgian authority.
6. You will receive your Belgium working holiday visa via courier according to the processing timeline.

#### Why use us?

Are you tired of being on hold for 40 minutes with government offices only to be left confused and frustrated?

Are you afraid of losing your passport in the mail or at the government office you sent it to?

Is your application complete? How do you know?

**NEVER FEAR, IMMIGROUP IS HERE!**

**LET US TAKE THE GUESSWORK OUT OF YOUR APPLICATION.**

#### RETURN MAILING ADDRESS:

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Courier account \_\_\_\_\_

**Return courier fees extra**

#### Additional information:

By signing below I assert that I have read and agreed to the terms and conditions as listed on <http://www.immigroup.com/disclaimer.php>.

Immigroup is not responsible for documents or passports lost by courier companies or any government office. Immigroup is not responsible for applications that are rejected. All fees are non-refundable once applications are submitted to the government.

	GOVERNMENT FEE	IMMIGROUP FEE	PROCESSING TIME	TOTAL
BELGIUM WORKING HOLIDAY VISA	90 EUR (APPROX \$145 CDN)	\$150 CDN	4-6 WEEKS (approx)	\$295.00 CDN (approx)

\*Cancellation fee will apply if applicant wishes to cancel **before application is submitted**. No refund is issued once application is submitted.

\*\*Return courier fees are not included in the total price.

Method of payment: we accept Visa, MasterCard, American Express, and bank drafts (please call for this option).

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_  
(mm/yy)

Name on Card \_\_\_\_\_

Amount Authorized \$ \_\_\_\_\_

Sign here:

**\*\*\*Applications that are not signed, or submitted without this form will NOT be processed**

# WORKING HOLIDAY IN BELGIUM

## SUPPORTING DOCUMENTATION CHECKLIST

- Completed visa application form
  - form must be signed
  - form must indicate 'Long Stay' as the type of visa requested (Section 22 of application form)
  
- 3 identical passport photos
  - must be in colour
  - must be taken on a white background
  - must clearly show the applicant's face
  - must be recent
  
- Copy of the Applicant's Canadian passport
  - passport must be valid and signed
  - copy must be of the identity pages of the passport
  - copy must clearly show the photo and information on the passport
  
- Recent police certificate/criminal record check
  - must show the applicant to have no criminal record or charges
  - can be issued by the RCMP, provincial police authority, or municipal police authority (must be a police force recognized by the Canadian government)
  - must be issued within 6 months of the time of application to the working holiday program
  - must cover the last 5 years
  
- Medical certificate (form included in working holiday kit)
  - must be completed in full by an accredited doctor of medicine, or a member of the relevant provincial College of physicians
  - must be signed and stamped by the physician who administered the medical check
  
- Original **and** copy of comprehensive health insurance policy
  - must provide complete coverage for the entire duration of working holiday visa validity (at least 1 year)
  - insurance must include coverage for hospitalization
  - insurance must include coverage for workplace accidents
  - insurance must include coverage for return journey home

- Proof of sufficient funds (for first 3 months in Belgium)
  - must show applicant has at least 2,500 EUR (approx. \$3,900 CDN) at their disposal at the time of application for the first 3 months of visit to Belgium
  - ex. 3 most recent bank statements indicating a balance of equal or greater value to 2,500 EUR, 3 most recent credit card statements indicating a credit limit of equal or greater value to 2,500 EUR
  
- Copy of return airline ticket, or proof of sufficient funds to purchase a ticket
  - return airline ticket must show a flight leaving Belgium within the timeframe of the intended working holiday
  - proof of sufficient funds can be a credit card statement showing a credit limit sufficient to purchase a ticket to leave Belgium
  - proof of sufficient funds to purchase a return ticket must be in addition to proof of sufficient funds required for first 3 months of visit to Belgium

\*\*\*Note: Having all of the required documentation does not guarantee a working holiday visa will be issued.

# Application for Schengen Visa



Photo

This application form is free

Stamp Embassy or  
Consulate

1. Surname(s) (family name(s))		<b>FOR EMBASSY / CONSULATE USE ONLY</b> Date application :  File handled by :  <b>Supporting documents:</b> <input type="checkbox"/> Valid passport <input type="checkbox"/> Financial means <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport  <input type="checkbox"/> Health insurance  <input type="checkbox"/> Other
2. Surname(s) at birth (earlier family name(s))		
3. First names		
4. Date of birth (year-month-day)	5. ID-number (optional)	
6. Place and country of birth		
7. Current nationality/ies	8. Original nationality (nationality at birth)	
9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	10. Marital status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced Widow(er) <input type="checkbox"/> Other	
11. Father's name	12. Mother's name	
13. Type of passport: <input type="checkbox"/> National passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Travel document (1951 Convention) <input type="checkbox"/> Alien's passport <input type="checkbox"/> Seaman's passport <input type="checkbox"/> Other travel document (please specify):		
14. Number of passport	15. Issued by	
16. Date of issue	17. Valid until	
18. If you reside in a country other than your country of origin, have you permission to return to that country? <input type="checkbox"/> No <input type="checkbox"/> Yes, (number and validity)		
* 19. Current occupation		<b>Visa :</b> <input type="checkbox"/> Refused <input type="checkbox"/> Granted
* 20. Employer and employer's address and telephone number. For students, name and address of school.		
21. Main destination	22. Type of Visa : <input type="checkbox"/> Airport transit <input type="checkbox"/> Transit <input type="checkbox"/> Short stay <input type="checkbox"/> Long stay	23. Visa : <input type="checkbox"/> Individual <input type="checkbox"/> Collective
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries		25. Duration of stay Visa is requested for: _____ days
26. Other visas (issued during the past three years) and their period of validity		<b>Characteristics of Visa :</b> <input type="checkbox"/> LTV <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> D + C
27. In the case of transit, have you an entry permit for the final country of destination? <input type="checkbox"/> No <input type="checkbox"/> Yes, valid until: _____ Issuing authority: _____		Number of entries : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple
* 28. Previous stays in this or other Schengen states		Valid from To Valid for :

\* The questions marked with \* do not have to be answered by family members of EU or EEA citizens (spouse, child or dependent ascendant). Family members of EU or EEA citizens have to present documents to prove this relationship.

<b>29. Purpose of travel</b> <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visit to Family or Friends <input type="checkbox"/> Cultural/Sports <input type="checkbox"/> Official <input type="checkbox"/> Medical reasons <input type="checkbox"/> Other (please specify):		<b>FOR EMBASSY / CONSULATE USE ONLY</b>
* 30. Date of arrival	* 31. Date of departure	
* 32. Border of first entry or transit route	33. Means of transport	
<b>* 34. Name of host or company in the Schengen states and contact person in host company. If not applicable, give name of hotel or temporary address in the Schengen states</b>		
Name	Telephone and telefax	
Full address	e-mail address	
<b>* 35. Who is paying for your cost of travelling and for your costs of living during your stay?</b> <input type="checkbox"/> Myself <input type="checkbox"/> Host person/s <input type="checkbox"/> Host company. (State who and how and present corresponding documentation)		
<b>* 36. Means of support during your stay</b> <input type="checkbox"/> Cash <input type="checkbox"/> Travellers' cheques <input type="checkbox"/> Credit cards <input type="checkbox"/> Accommodation   Other: Travel and/or health insurance. Valid until:		
37. Spouse's family name	38. Spouse's family name at birth	
39. Spouse's first name	40. Spouse's date of birth	
<b>42. Children (Applications <u>must</u> be submitted separately for each passport)</b>		
Name		Date of birth
1		
2		
3		
<b>43. Personal data of the EU or EEA citizen you depend on. This question should be answered only by family members of EU or EEA citizens.</b>		
Name		First Name
Date of Birth	Nationality	Number of passport
Family relationship : _____ of an EU or EEA citizen		
<p>44. I am aware of and consent to the following: any personal data concerning me which appear on this visa application form will be supplied to the relevant authorities in the Schengen states and processed by those authorities, if necessary, for the purposes of a decision on my visa application. Such data may be input into, and stored in, databases accessible to the relevant authorities in the various Schengen states.</p> <p>At my express request, the consular authority processing my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them altered or deleted, in particular, should they be inaccurate, in accordance with the national law of the state concerned.</p> <p>I declare that to the best of my knowledge all particulars supplied by me are correct and complete.</p> <p>I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Schengen state which deals with the application.</p> <p>I undertake to leave the territory of the Schengen states upon the expiry of the visa, if granted.</p> <p>I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Schengen states. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 5.1 of the Schengen Implementing Convention and am thus refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Schengen states.</p>		
45. Applicant's home address		46. Telephone number
47. Place and date		48. Signature (for minors, signature of custodian/guardian)

# MEDICAL CERTIFICATE

The undersigned Doctor in medicine (full name) .....  
Certifies that he/she has examined this day Mr./Mrs./Ms./Miss (full name)  
.....  
Nationality : .....  
Date and place of birth .....  
Residing at .....

And has found him/her free of one of the following illnesses as mentioned in the annex of the law of 15/12/1980 and representing a danger for public health :

1. Illnesses requiring quarantine as stated by the international health regulation n°2 dated 25 May 1951, of the World Health Organization;
2. Pulmonary tuberculose, active or progressive ;
3. Other contagious or transmittable diseases by infection or parasites if they are subject in the host country to provisions of protection of the nationals

Issued at ..... on .....

Signature of doctor .....

Stamp of doctor's office. ....

<p>If applicable, Visa of the Embassy, Consulate general or Consulate (Seal)</p> <p>At ....., on .....</p>
--