

Cover sheets for visa application of Nurses

1. **Standardized cover sheets** are intended to ensure **completeness** and order of the supporting documents for the visa application.
2. Each sheet must be **filled in with the necessary information** and be **placed on top of the specific documents** (always one original and two copies **in paper format A4**).
E.g. if the sheet is designated for the employment contract, the information about the contract (job title, monthly pay, weekly working hours, place and date of signature) needs to be filled in and the original of the contract and two copies must be placed under the cover sheet.
3. The cover sheets and attached documents must be **sorted in a specific order**:
 1. **Signed application form**
 2. **Passport copy**
 3. **Pre-approval from the Bundesagentur für Arbeit (if available)**
 4. **Declaration of employment „Erklärung zum Beschäftigungsverhältnis“ and „Zusatzblatt A“**
 5. **Work contract for not fully recognized nurses (before recognition as assistant nurse, after recognition as nurse) + GIZ confirmation for Triple win**
 6. **Adaption measure (if no full recognition) with training plan (except for TripleWin)**
 7. **Recognition (Certificate / Notice about recognition issued by the German Authority) (except for TripleWin)**
 8. **Diploma (B.S. in Nursing)**
 9. **B2 certificate (full recognition) or B1 certificate (partial recognition)**
 10. **Health insurance (German legal Health insurance, incoming health insurance)**
 11. **Other documents: Letter proof of appropriate pension funds if above 45 y.o., Waiver**
 12. **Special Power of Attorney**
 13. **Check list**

3. Cover sheet pre-approval

	Pre-approval from the Bundesagentur für Arbeit
	Fast Track pre-approval from ABH

4. Declaration of Employment „Erklärung zum Beschäftigungsverhältnis“ and „Zusatzblatt A“

	<p>„Erklärung zum Beschäftigungsverhältnis“ and „Zusatzblatt A“ both filled in and signed by the employer</p>
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5. Cover sheet work contract + GIZ confirmation for Triple win

Name and address of employer (only actual work address):	
Start date of contract:	
Weekly working hours:	
Salary (if two contracts, only for assistant nurse):	

6. Cover sheet adaption measure and training plan (except for TripleWin)

Chosen adaption measure:	
	Preparational course knowledge examination (Vorbereitungskurs Kenntnisprüfung)
	Occupational training measure (Anpassungslehrgang)

Starting date of adaption measure:	
explanation of adaption measure:	can be theoretical, e.g. preparational course for knowledge examination or practical, e.g. occupational training measure.

7. Cover sheet recognition (except for TripleWin)

Name of German Authority:	
Result of recognition:	

	full recognition with certificate (vollständige Anerkennung mit Urkunde)
	recognized equivalency
	partial recognition with proposed adaption measure (Teilanerkennung mit Anpassungsmaßnahme) and Training Plan

explanation of recognition:	
First step is applying for recognition of the degree (bachelor of science in nursing) in Germany.	Result: full recognition or partial recognition
If fully recognized:	The nurse is able to work in Germany. He/She just needs an employment contract and proof of B2 language proficiency.
If partially recognized:	The nurse needs to complete an adaption measure in addition, to compensate for lack of practical or theoretical training.
Difference of full recognition/recognized equivalency:	1. Full recognition: Diploma received after the nurse received the certificate of recognition, proved knowledge of language (B2), had no criminal record and is fit for work.
In both cases, the degree is fully recognized.	2. Recognized equivalency: Decision that the degree has been recognized, but to get the Recognition Diploma, the above-mentioned further requirements need to be fulfilled.

8. Cover sheet Diploma

	Diploma (B.S. in Nursing)
	Other:

9. Cover sheet language certificate

Name of certifying center (Goethe Institut, ÖSD,telc, TestDaF, ECL):	
Result:	
Date of language test:	

10. Cover sheet health insurance (incoming health insurance / German legal health insurance)

Name of insurance:	
Start date:	
Period of Coverage:	

11. Other documents

	Letter proof of appropriate pension funds if above 45 y.o.
	Waiver incomplete application
	Other:

12. Special Power of Attorney

I, _____, the applicant, give full authorization to the following person/s from my local agency:

Agency: _____

Contact person: _____

E-Mail Address: _____

Contact Number: _____

to fulfill the following tasks on my behalf:

- Follow-up the status of my visa application
- Submit additional or requested documents
- Submit and collect my passport before and after the visa issuance

Furthermore, I hereby affirm that by submitting my signed authorization, future communications with the Embassy will only be limited to the above authorized person/s.

Signature of Applicant over printed name

Date

13. VFS check list

	VFS check list
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