



**Department of  
Financial Assistance**  
Cayman Islands Government

**Conditions  
Monitoring Form (2)**

The purpose of this form is for Workforce Opportunities & Residency Cayman (WORC) & National Training and Development Unit (NTDU) to report back regarding whether recipients of financial assistance adhered to conditions set by the Department of Financial Assistance.

**Name of DFA Recipient**

**Date of Birth**

dd/mm/yyyy

First Name

Middle Name

Last Name

**Client's Reported Job Status**

Unemployed  Underemployed  Employed

**Client's Reported Job Seeking Barriers**

Childcare  Transportation  Cell Phone  Internet  Healthcare  Other

**If Other please provide details:**

**Authorization to Release Information:**

I authorize the disclosure of information from Workforce Opportunities, Residency Cayman (WORC) from Employment Services and the National Training and Development Unit, to the Department of Financial Assistance.

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Client's Signature

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Date

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Parent/Guardian (if child under 18 years)

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Date

## Section A. – Employment Services

**Not registered with WORC**

**Registered with WORC, as**

- Job Seeker Assist (Full Services Client)
- Job Seeker Plus (Independent Caymanian Client)
- Job Seeker (Independent Client)

**Applied for jobs?**  Yes  No

**Number of jobs applied for in the past month?**

**Frequency of job applications?**  Select any

**Position(s) applied for:**

Job ID #	Date Applied	Company	Position

**Individual is unable to apply for jobs at this time**

**Reason for job application restriction:**

**Interview Sessions are:**  Attended  Not attended  Declined

If Not Attended / Declined, provide additional details:

**Number of interviews attended in the past month?**

**If job offered, reason why job was not accepted:**

## Section B. – National Training and Development Unit

### Registered with National Training Unit, for:

Training Courses  Apprenticeship  Vocational Training  Internship  
 Employment Initiatives  Employment Programmes  Other

### Outreach Portfolio:

**Position or Programme Name**

**Participation Period** **(From)**  dd/mm/yyyy **(To)**  dd/mm/yyyy

**Total Hours during this Period**

### Progress Report:

Please complete performance ratings for this recipient. The information you provide will be used to help develop an individualized plan of assistance and match the recipient with appropriate interventions.

**Keys:** 5 - Always    4 - Usually    3 - Sometimes    2 - Rarely    1 - Never    N/A-Not Applicable

**Note: A rating of 3 or below indicates a problem or concern that warrants further follow-up.**

<b>Recipient Performance</b>	<b>Rating</b>
Attend Regularly	<input type="text"/> Select
Punctual	<input type="text"/> Select
Cooperative	<input type="text"/> Select
Participated	<input type="text"/> Select
Stayed on Task	<input type="text"/> Select
Completed Assignments	<input type="text"/> Select
Quality of Work was Satisfactory	<input type="text"/> Select

**Individual's Strengths:**

**Recommendation for IMPROVEMENTS:**

**Do you want to share any additional information regarding the recipient with the Department of Financial Assistance?**

**Name of Organization:** WORC NDTU

**Name of Person Completing Form**

First Name	Middle Name	Last Name
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**Position**

**Contact Number**

**Contact Email**

Thank you for completing this form. This form can be submitted online by visiting [dfa.gov.ky](http://dfa.gov.ky) or via email to [dfainfo@gov.ky](mailto:dfainfo@gov.ky).