



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.

Client's Signature

Date

Parent/Guardian (if child under 18 years)

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?

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.

Recipient Performance

Rating

Attend Regularly

Select

Punctual

Select

Cooperative

Select

Participated

Select

Stayed on Task

Select

Completed Assignments

Select

Quality of Work was Satisfactory

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	
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Contact Number	
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Contact Email	
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Thank you for completing this form. This form can be submitted online by visiting dfa.gov.ky or via email to dfainfo@gov.ky.