



BUSINESS STAFFING PLAN BOARD

Application For The Grant Of A Work Permit

The completed application for a work permit should be addressed to,
The Director of WORC, P.O Box 1098, Grand Cayman KY1-1102, CAYMAN ISLANDS.

OR

The Secretary to the Business Staffing Plan Board, P.O Box 1098, Grand Cayman KY1-1102, CAYMAN ISLANDS.

PLEASE DO NOT LEAVE ANY QUESTION BLANK. IF A QUESTION DOES NOT APPLY TO YOU, INSERT, "NOT APPLICABLE" OR "N/A" IN THE SPACE PROVIDED.

NOTES: (i) The position that the employee will continue to occupy must be listed in a valid Business Staffing Plan Certificate. (ii) Refer to the checklist accompanying this form for additional documents required to process this application. (iii) Use separate sheet of paper, where necessary, to thoroughly answer each question. (iv) If the employer / additional employer is a company; all communication will be sent to the contact information associated with the company's Trade & Business License as held by the Department of Commerce and Investment.

APPLICATION FORM CONTAINS 11 PAGES

PART 1 - To Be Completed By The Prospective Employee

DO NOT USE LIQUID PAPER OR CORRECTION TAPE, IF AN ERROR IS MADE CROSS OUT AND INITIAL THE CHANGE(S) OR USE A FRESH PAGE

<input type="text"/>	<input type="text"/>	<input type="text"/>
1. Surname (Last Name)	Maiden Name	Given Names (First Names)
2. Nationality <input type="text"/>	Date of Birth <input type="text" value="DD/MM/YY"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
3. Passport number <input type="text"/>	Date of Issue <input type="text" value="DD/MM/YY"/>	Place of Issue <input type="text"/> Date of Expiry <input type="text" value="DD/MM/YY"/>
4. Any other Names known by <input type="text"/>	(iv) Personal Email Address: <input type="text"/>	
5. Address: <input type="text"/>		
District: <input type="text"/>	P.O. Box and KY: <input type="text"/>	Telephone: <input type="text"/>
6. What is your marital status? (certified copy of relevant legal document should be attached, where applicable)		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Civil Partnership <input type="checkbox"/> Dissolved Civil Partnership		
Name and nationality of spouse/civil partner <input type="text"/>		
7. Expiry date of present work permit, if applicable <input type="text" value="DD/MM/YY"/>		
8. (i). What date did you first arrive in the Cayman Islands?		Date: <input type="text" value="DD/MM/YY"/>
(ii). What date did your first employment in the Cayman Islands begin?		Date: <input type="text" value="DD/MM/YY"/>
(iii). Was this employment authorised by:		
(a) <input type="checkbox"/> A Work Permit		
(b) <input type="checkbox"/> A Government Contract		
(c) <input type="checkbox"/> Other form of Authorisation (For example, were you exempted from work permit requirements under the Immigration (Transition) Act, 2021 or any previous immigration legislation?) Please explain.		
<input type="text"/>		
(iv). Since your first arrival in the Cayman Islands have you ever been named as a dependant on another person's work permit/government contract/exemption?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please provide name of permit holder: <input type="text"/>		

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(v). Since your first arrival have you at any time left the Cayman Islands for a period in excess of one year? Yes No

If yes, please give dates of and reasons for the absence: _____

9. Dates and addresses of all places where you have lived for more than 6 months during the past 10 years, if other than stated in reply to question 5.

From	To	Address
DD/MM/YY	DD/MM/YY	_____
DD/MM/YY	DD/MM/YY	_____
DD/MM/YY	DD/MM/YY	_____

10. What is your level of education? (Certified copies of certification must be attached)

- | | | |
|---|---|--|
| <input type="checkbox"/> Less than High School/Secondary School | <input type="checkbox"/> High School/Secondary School | <input type="checkbox"/> Post-Graduate Degree (Diploma, Master's, Ph.D.) |
| <input type="checkbox"/> Sixth form | <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Professional Qualification (e.g CPA, CA, ACCA, ACIS, CFA, ACIB, AICB, MRICS, City & Guilds, NVQ etc.). List all that apply: |
| <input type="checkbox"/> Technical/Vocational | <input type="checkbox"/> Bachelor's Degree | _____ |

11. What position are you applying for? _____ 11.a. How many years of experience do you have which are relevant to this job? _____

12. What experience do you have which is relevant to this job? _____

13. (i). Have you ever previously made an application (whether granted or not) to work in the Cayman Islands? Yes No

If so, please provide details, dates, and state whether the applications were granted or refused.

(ii). Is this or any other decision presently under appeal to the Immigration Appeals Tribunal? Yes No

14. Are you of Caymanian descent or have close connections with the Cayman Islands, either historically, or by marriage to a Caymanian? Yes No

If yes, please provide details and include marriage and/or birth certificates

Name	Relationship	Address
_____	_____	_____
_____	_____	_____

15. Do you have any dependants? If yes, please list below: Yes No

Name	Relationship	Address
_____	_____	_____
_____	_____	_____

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16. Do you have any relatives or dependants who currently reside/work in the Cayman Islands? If so, please list below: Yes No

Name	Relationship	Address

17. Do you have any dependants (spouse, children or others) who you wish to accompany you to the Cayman Islands? If yes, please detail below: Yes No

Name	Date of Birth	Nationality	Relationship	Country of Residence
	DD/MM/YY			
	DD/MM/YY			

18. (i). Have you ever been charged or convicted of a criminal offence in any country (including the Cayman Islands)? Yes No If you answered yes, please give details

Nature of offence	Date	Location	Verdict and Sentence
	DD/MM/YY		
	DD/MM/YY		

(ii). Have you ever been required to pay an administrative fine for an offence in the Cayman Islands or other country, other than for a traffic offence? Yes No
 If you answered yes, please provide details.

Nature of fine	Date	Location	Amount (CI\$)
	DD/MM/YY		
	DD/MM/YY		

(iii). Have you ever been sanctioned by a professional ethics body, licensing board or any other regulating body? Yes No
 If you answered yes, please provide details.

Nature of sanction	Date	Location	Reasons
	DD/MM/YY		
	DD/MM/YY		

(iv). Have you ever been deported from or refused entry to:
 (a) the Cayman Islands Yes No If you answered yes, please give details

(b) any other Country Yes No If you answered yes, please give details

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19. Have you ever been bankrupt or owned shares, equity or rights in a non-public quoted company or been a director, manager, or officer of a company, partnership or entity which went bankrupt or ceased trading without creditors being paid in full? Yes No If you answered yes, please provide dates and details in your cover letter.

20. Are you solvent? (Are you able to pay all debts/bills as they become due?) Yes No If no, please explain.

21. Have you ever been actively involved in politics in or outside the Cayman Islands? Yes No
 If you answered yes, please give dates and details:

22. Have you ever had a permit to work refused, revoked or not renewed upon application in any country during the past 15 years? Yes No
 If yes, when, where and for what reasons?

23. Are you, and all dependants accompanying you, in good physical and mental health? Yes No
 If no, please give details:

Important note: Applicants from a non-English speaking country must have their English language skills tested. The applicant must receive a passing mark on their assessment to take up employment in the Cayman Islands.

24. Is English your native language? Yes No

If Yes, skip to question 25.

If No, what is your native language? _____ and answer all other language related questions.

Do you speak English? Yes No

Do you read English? Yes No

Do you write English? Yes No

Are you currently on Island? Yes No

Have your English skills been previously tested by?

			Score/Band	Score Report No	Exam Date		
a) IELTS	<input type="checkbox"/> Yes	<input type="checkbox"/> No			DD/MM/YY		Attach a copy of your score report
b) TOCIEC	<input type="checkbox"/> Yes	<input type="checkbox"/> No			DD/MM/YY		Attach a copy of your score report

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25. The name and address of my bank is:-

	Bank	Address
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>

DECLARATION

I declare the information contained in this application to be correct to the best of my knowledge and belief and I am aware that it is a criminal offence to make a statement or representation that is false in a material fact which I know to be false or do not believe to be true.

In accordance with Section 56(4)(b) of The Immigration (Transition) Act 2021, I hereby agree to submit to being Fingerprinted/Palm-printed for the purpose of identity verification and criminal checks domestically and internationally.

Signature of employee _____

Date (DD/MM/YY) _____



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PART 2 - To Be Completed By The Prospective Employer

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1. Name of employer or employing company _____
 Trade name (if different from above) _____

2. Date of Birth (if primary employer is a person) D/MMM/YY

3. Is Permit to be shared? Yes No If Yes, Name of additional employer _____

Phone of additional employer _____ e-Mail of additional employer _____

Is additional employer a person? Yes No If Yes, provide Date of Birth D/MMM/YY

If Yes, also provide Employer of additional personal employer _____

3. a. Position to be filled with additional employer. _____

3. b. How much will the employee receive in salary or wages from additional employer? CI\$ US\$ _____ hour day week month

3. c. How many hours is the worker required to work each week with additional employer? _____

4. Postal Address & KY _____

5. Telephone (Work) _____ Telephone (Home) _____ Email Address _____

6. Nature of business or occupation of employer _____

Name of your employer _____ Employer's Address _____

7. State under which law business is licensed to operate _____

8. Business Staffing Plan Certificate no. _____ valid until DD/MM/YY

Expiry date of current licence D/MMM/YY Licence number _____

9. Is this applicant replacing another employee? Yes No

a. If yes, name of employee being replaced: _____ Nationality _____

10. Job title (must be same as in Business Staffing Plan Certificate) _____

11. Job serial number (taken from Business Staffing Plan Certificate) _____

12. Has this job been registered on the JobsCayman portal? If yes, please provide the Job ID. Yes No Job ID: _____

13. i. Has the job been advertised locally or overseas in a written or online newspaper or other media? If yes, please provide copies of the advertisements. Yes No

ii. If the job was advertised locally or overseas, did a Caymanian or Permanent Resident apply? Yes No

If Yes, how many applied and why were none hired? _____

14. How many people do you currently employ? _____ Of those you employ, how many are Caymanian? _____ How many are Permanent Residents? _____

15. If you employ Work Permit Holders, provide nationality and the number of persons:-

Nationality	No of Persons	Nationality	No of Persons

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16. Do you operate a training programme? Yes No If you do, please provide details of it with particular reference to how it will equip Caymanians with the skills and experience to do the job (Use separate sheet of paper, if necessary)

17. Do you offer a scholarship program? Yes No If so, please provide details of your scholarship process and how it will be beneficial to Caymanians.

18. Why hasn't a Caymanian be found from within your own work force to do the job? _____

19. (i). How much will the worker receive in salary or wages? CI\$ US\$ _____ hour day week month

(ii). How many hours is the worker required to work each week? _____

(iii). What other benefits, (if any) will the worker receive? _____

(iv). If worker will receive gratuities, does the employer have a gratuities scheme in place approved in writing by the Director of Labour? Yes No
 (If yes, please provide copy of Approval)

20. Is this prospective employee being recruited from a non-English speaking country? Yes No

(i). If "YES", are you aware of the requirements of the English Skills Test which must be undertaken by the prospective employee upon arrival in the Cayman Islands? _____

(ii). Are you satisfied that the prospective employee has a basic understanding of the English language in both spoken and written form as required? Yes No

(iii). What steps have you taken to satisfy yourself that the prospective employee can speak and write the English language to the level required? _____

21. For what period is the permit required 1 year 2 years 3 years 4 years 5 years (ii) Proposed start date _____

*Under the Immigration (Transition) Act, domestic helpers, teachers, doctors, nurses and ministers of religion may be granted a work permit for a period of up to 5 years.

22. I am requesting that the approval coincides with my spouse's work permit, per section 66(10) of the Immigration (Transition) Act, 2021. Yes No

DECLARATION

I declare the information contained in this application to be correct to the best of my knowledge and belief and I am aware that it is a criminal offence to make a statement or representation that is false in a material fact which I know to be false or do not believe to be true.

 Signature of Employer (Cannot be Agency Signature)

D/MMM/YY
 Date (dd/mmm/yyyy)

 Signature of Additional Employer (Cannot be Agency Signature)

D/MMM/YY
 Date (dd/mmm/yyyy)



Health Insurance and Pension - Supplement To Work Permit Application (Temp/Grant/Renewal)

Questions relating to the Provision of Pension Benefits and Health Insurance

Supplement - To Be Completed By Employer and Attested To By The Employee

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PENSION PLAN

In accordance with the National Pensions Law after an employee has completed 9 months of employment in the Cayman Islands, the enrollment & payment of pension contributions are mandatory.

1. Do you have a valid Pension Plan for this employee in accordance with the National Pensions Law and its current revisions? Yes No

If No, why not? _____

2. What is the name of the Company and Administrator of your registered Pension Plan?

Company _____

Telephone No _____

E-Mail Address _____

Employee Pension No _____

Registration No _____

3. Are your Company's Pension Plan contributions for this employee paid up to date? Yes No

If No, why not? _____

HEALTH INSURANCE

In accordance with the Health Insurance Law every person, and their dependants, resident on Island must have health insurance coverage effected by their employer.

1. Do you have a valid Health Insurance Plan for this employee in accordance with the Health Insurance Law and its revisions and regulations thereunder? Yes No

If No, why not? _____

2. What is the name of the Company and Administrator of your registered Health Insurance Plan?

Company _____

Telephone No _____

E-Mail Address _____

Employee Membership No _____

Policy No _____

3. Are your health insurance premiums for this employee paid up to date? Yes No

If No, why not? _____

EMPLOYER'S DECLARATION:

I declare that the information given above is correct and confirm that the employee for whom the work permit is being sought is or will become a member of the above Health Insurance Plan in accordance with the Health Insurance Law and is a member or will join the above Pensions Plan in accordance with the National Pensions Law.

I understand that I will be responsible for any medical expenses incurred by the employee and their dependants in the absence of a standard health insurance contract.

I understand making a false statement or representation knowing the same to be false in accordance with the Immigration (Transition) Law, I am liable on conviction to a fine of up to CI \$5,000.00 and imprisonment of one year.

Name of Employer _____

Authorized signatory for and on behalf of Employer _____

Cannot be Agency signature

Print Name _____

Date (DD/MMM/YY) _____

D/MMM/YY

EMPLOYEE'S DECLARATION:

I declare that the information given above is correct and confirm that the employer from which I seek employment has or will enrol me in the Health Insurance Plan and has or will enrol me in the above Pension Plan (unless exempted by Pensions Law).

I understand making a false statement or representation knowing the same to be false in accordance with the Immigration (Transition) Law, I am liable on conviction to a fine of up to CI \$5,000.00 and imprisonment of one year.

Name of Employee _____

Signature _____

Cannot be Agency signature or Employer

Date (DD/MMM/YY) _____

D/MMM/YY



Accommodation Supplement

It is a Government requirement that suitable accommodation must be available for the employee and for any dependants. Accordingly, this form must be completed in full by the Employer, attested to by the Employee and Landlord/Rental Agent, and submitted along with the Work Permit Application Form.

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1. Is the prospective Employee on Island? Yes No If No, move to question 9.

2. Employee's Physical Address _____

District _____ PO Box and KY _____ Telephone _____

Block and Parcel No _____ - _____

3. Type of Building Dwelling House Apartment Hotel

4. How many rooms are available for the employee and his/her family?

Bedrooms _____ Bathrooms _____ Living Rooms _____ Kitchens _____

5. Will any of these rooms be shared with other occupants of the dwelling? Yes No If Yes, give details - including number of other occupants and which rooms

6. This accommodation is Owned by the Employer Owned by the Employee Rented by the Employer Rented by the Employee

7. If Rented, what is the period of lease? _____

8. If Rented, the name and address of the Landlord/Rental Agency is _____

(i) House No _____ (ii) Street Name _____

(iii) District _____ (iv) PO Box and KY _____ (v) Telephone _____

9. When the Employee arrives on Island, to work, please advise on their proposed accommodation:

Physical Address: _____

I understand and agree that a representative of the Department of WORC may be required to view the premises described above at any reasonable hour of the day.

I declare that the information provided above by me is true and correct and I understand and accept that if it is proven that I have made a false statement, I am liable on conviction to a fine of CI \$5,000 and imprisonment for one year.

Print Landlord Name

Landlord Signature

Date (dd/mmm/yyyy)

Print Employee Name

Primary Employee Signature

Date (dd/mmm/yyyy)

Print Primary Employer Name

Primary Employer Signature

Date (dd/mmm/yyyy)



PHOTOGRAPH TEMPLATE Applicants Only

Surname (Last Names)

Given Names (First Names)

Maiden Name (if applicable)

File Number (if known)

(Also known as "Work Reference Number")

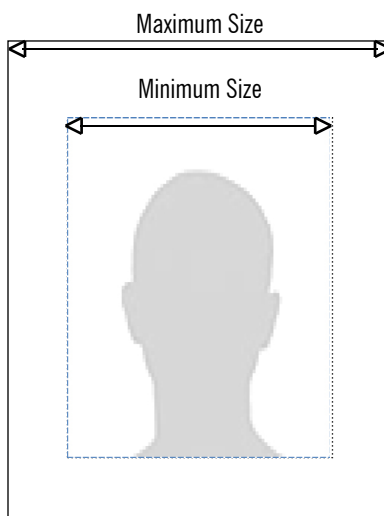
Application Date

D/MMM/YY

Date of Birth

D/MMM/YY

Applicant Full Face Photo



Full Face Photograph

Do Not Use Staples!

Photographs may be taped or glued to the picture diagrams.

Instructions:

- For Work Permit Grant, Work Permit Renewal, Permanent Residency and Cayman Status applications, provide Full Face Photo (1 photo).
- Print Last Name, First Name(s), and Date of Birth on the back of photograph.
- The photograph must:
 - be a "passport type" photograph
 - be in colour
 - be taken within the past 12 months
 - show full face (shoulders and above)
 - have no head covering
 - have a plain white background
 - be between 45mm by 35mm (1.77 inches by 1.38 inches) and 63mm by 50mm (2.5 inches by 2 inches), see diagram below
 - be unmounted
 - be printed on normal photographic paper
 - if digital, have resolution of at least 800 dpi (dots per inch)
- Blurred photographs will not be accepted.
- Stick-on labels will not be accepted.

BUSINESS STAFFING PLAN BOARD - WORK PERMIT GRANT CHECKLIST

This list is a summary of general requirements for ALL applicants. The Department of WORC reserves the right to request additional information or documentation as it sees fit.

- Application forms** duly completed, signed and dated by employee and employer. **Please do not leave any question blank. If a question does not apply to you, insert "not applicable" or "n/a" in the space provided.**
- If the position is not included in the plan, the new title must be requested to be added within the cover letter and an additional non-refundable application fee of CI\$100 must be included.
- A full page copy of **newspaper advertisements** (if advertised in a local or overseas newspaper)- with visible dates, including salary range and all other benefits.
- Correct work permit fee, including CI\$100 non-refundable application fee, dependant fee if applicable, and \$200 non-refundable repatriation fee for each person.
- Resume of all Caymanian applicants** including JobsCayman referrals explaining why they were not hired for the position.
- Copies of **educational certificate/diplomas/degrees.** Copy of Applicant's Resume (for skilled positions)
- Signed and sealed, **Police Clearance certificate** - less than 6 months old
- Medical declaration cover letter** - may be no older than one year old at date of submission
- 1 **full face** passport sized **photograph** **Cuban National:** Certified copy of Cuban Visa
- Where the employer is licensed by another body other than the Trade & Business Licensing Board, proof of current license or copy of the receipt of payment for the renewal
- A **release letter** (signed by current employer) where the applicant is changing jobs prior to the expiry of their current work permit from employer. Where one is not forthcoming, a letter of explanation and any supporting documentation is required.

For Accompanying Dependants

- Child(ren):** 17 years and under:
 - 1) a certified birth certificate (first time adding)
 - 2) a letter from a local school confirming acceptance/attendance.
- Child(ren):** 18 years and older:
 - 1) A medical declaration cover letter (less than 1 year old)
 - 2) certified birth certificate (first time adding)
 - 3) signed and sealed Police Clearance certificate (less than six months old, from last place of residence)
 - 4) letter from school confirming acceptance/attendance (required annually).
- Spouse/Civil Partner:**
 - 1) a medical declaration cover letter (less than 1 year old)
 - 2) certified copy of marriage/civil partnership certificate (first time adding)
 - 3) signed and sealed Police Clearance certificate (less than six months old, from last place of residence)
 - 4) Affidavit (AF66-10) to be completed if applying under Section 66(10)
- Income and expense report (if combined monthly salary falls below CI\$3,500)

ADDITIONAL REQUIREMENTS BY INDUSTRY

<input type="checkbox"/> Construction: Copy of WORC Form A	<input type="checkbox"/> Janitorial or Gardening: Copy of WORC Form A
<input type="checkbox"/> Professional/Managerial: Copies of qualifications	<input type="checkbox"/> If regulated by CIMA: Written approval for Senior Finance/Banking professional (e.g. Managing Director, CEO)
<input type="checkbox"/> Nurse/ Health/Dental Practitioner: Approval from Health Practitioner's Board or Medical & Dental Counsel	<input type="checkbox"/> Veterinary: Approval from Veterinary Board
<input type="checkbox"/> Electrical: Copy of license from Electrical Board of Examiners and the ratio of Electricians to apprentice/wiremen	<input type="checkbox"/> Driver: Copy of of license from the Public Transport Board for the appropriate category of vehicle
<input type="checkbox"/> Diving: Copy of PADI/NAVI qualifications	<input type="checkbox"/> Skilled/Supervisory: Copies of qualifications and detailed list of skills
<input type="checkbox"/> Plumbing: Copy of license	<input type="checkbox"/> Employment Agency: Proof of past and future employment for the applicant
<input type="checkbox"/> Domestic, nanny or caretaker: Copies of birth certificates of children to be cared for.	<input type="checkbox"/> Caretaker for the elderly or infirm: A Physicians letter confirming the illness if under 65 years of age (proof of age is required)
<input type="checkbox"/> Security Officer: Copy of license from the Royal Cayman Islands Police (RCIP)	<input type="checkbox"/> Farming: Copy of certification from the Department of Agriculture
<input type="checkbox"/> Mobile Car Wash: Copy of Mobile Car Wash Vehicles' logbook(s) and Insurance Certificate(s)	