WORC

WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

BUSINESS STAFFING PLAN BOARD

Application For The Renewal Of A Work Permit

ISLAND ☐ Grand Cayman ☐ Cayman Brac ☐ Little Cayman | **SERVICE** ☐ Standard ☐ Express

NOTICE: By paying for the express service, applicants acknowledge that the prescribed express fee is non-refundable if processing is delayed due to statutory, regulatory, administrative, or legal requirements, including additional review or related proceedings prior to determination.

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) Refer to the checklist accompanying this form for additional documents required to process this application. (ii) Use separate sheet of paper, where necessary, to thoroughly answer each question. (iii) All communication will be sent to the email address placed in Part 2 of this application form.

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

PART 1 - TO BE COMPLETED BY THE PROSPECTIVE EMPLOYEE

1. Surname (Last Name) _____ Maiden Name _____ Given Names (First Names) _____

2. Nationality _____ Date of Birth _____ Gender ☐ Male ☐ Female

3. Passport No. _____ Date of Issue _____ Place of Issue _____ Date of Expiry _____

4. Any other Names known by _____ Personal Email Address _____

5. Address _____

District _____ P.O. Box & KY _____ Telephone _____

6. What is your marital status? (Certified copy of relevant legal document should be attached, where applicable)

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Civil Partnership ☐ Dissolved Civil Partnership

Name and nationality of spouse/civil partner _____

7. Expiry date of present work permit, if applicable _____

8. Job title of position being renewed _____

SINCE YOUR PREVIOUS APPLICATION:

9. Have you married, civil partnership, divorced or separated? ☐ Yes ☐ No
(certified copy of relevant legal document must be attached)

☐ Married/Civil Partnership ☐ Divorced/Dissolved Civil Partnership ☐ Separated Effective Date: _____

10. Have you obtained any professional or technical qualifications (certified copy must be attached)? If yes, please list all: ☐ Yes ☐ No

BUSINESS STAFFING PLAN BOARD
APPLICATION FOR THE RENEWAL OF A WORK PERMIT

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12. Have you been charged or convicted of any criminal offence, in any country (including the Cayman Islands), during your past or present work permit(s)? If yes, list details. ☐ Yes ☐ No

Nature of Offence	Date	Location	Verdict and Sentence

13. Please list the particulars of any dependants (spouse, children or others) whom you wish to accompany you to the Cayman Islands or are already residing in the Cayman Islands.

Name	Date of Birth	Nationality	Relationship	Country of Residence	Add to Work Permit
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

14. Have any of your accompanying dependants been charged or convicted of any criminal offence, in any country (including the Cayman Islands), during your past or present work permit(s)? If yes, list details. ☐ Yes ☐ No

Name	Nature of Offence	Date	Location	Verdict and Sentence

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 Caymanian Protection Act (2022 Revision), 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/YYYY)

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PART 2 - TO BE COMPLETED BY THE PROSPECTIVE EMPLOYER

1. Name of employer or employing company_____
   Trade name (if different from above)_____
2. Date of Birth (if primary employer is a person)_____
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_____
   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. Tel # (Work)_____ Tel # (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_____
   Expiry date of current licence_____ Licence Number_____
8. Business Staffing Plan Certificate no._____ Valid Until_____
9. Job title (must be same as in Business Staffing Plan Certificate)_____
10. Job serial number (taken from Business Staffing Plan Certificate)_____
11. Has this job been registered on the JobsCayman portal? If yes, please provide the Job ID. ☐ Yes ☐ No
    Job ID_____
12. i. Has the job been advertised locally or overseas in a written or online newspaper or other media? ☐ Yes ☐ No
    If yes, please provide copies of the advertisements.
    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?_____ How many are Caymanian?_____ How many are Permanent Residents?_____
15. If you employ Work Permit Holders, provide nationality and the number of persons

NATIONALITY	# OF PERSONS	NATIONALITY	# OF PERSONS

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15. (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? (If yes, please provide copy of Approval) ☐ Yes ☐ No

16. Do you have a training programme, Scholarship or Succession Plan (Regulation 6)? ☐ Yes ☐ No

If so, have you provided the Business Staffing Plan Board with an update during the current year as required? ☐ Yes ☐ No

If you have not provided the update, please explain why not (use a separate sheet of paper if necessary)

17. For what period is the permit required ☐ 1 Year ☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years

18. I am requesting that approval is granted in accordance with Section 66 (10) of the Caymanian Protection Act (2022 Revision). ☐ Yes ☐ No

IMPORTANT NOTE: Only persons married to a person employed by the UK Government or a person married to a person working by operation of law (WOL or PCW) is eligible for this option.

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) Date (DD/MM/YYYY)

_____ _____
Signature of Additional Employer (Cannot be Agency Signature) Date (DD/MM/YYYY)

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WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

HEALTH INSURANCE AND PENSION SUPPLEMENT TO WORK PERMIT APPLICATION (TEMP/GRANT/RENEWAL)

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SUPPLEMENT - TO BE COMPLETED BY EMPLOYER AND ATTESTED TO BY THE EMPLOYEE

PENSION PLAN

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

1. Has the prospective worker resided in the Cayman Islands for more than 9 months? ☐ Yes ☐ No

   If Yes, proceed to question 2. If No, proceed to the Health Insurance section

*This section must be filled in its entirety. Failure to complete this section completely or accurately will result in your application being deferred for proof of good standing.

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

   Company _____

   Telephone No. _____ E-Mail Address _____

   Registration No _____ Employee Pension 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 Act 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 Act and its revisions and regulations thereunder? If No, why not? ☐ Yes ☐ No

   _____

*This section must be filled in its entirety. Failure to complete this section completely or accurately will result in your application being deferred for proof of good standing.

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 Act and is a member or will join the above Pensions Plan in accordance with the National Pensions Act.

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 Section 66 (10) of the Caymanian Protection Act (2022 Revision), 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/MM/YYYY) _____

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 Act).

I understand making a false statement or representation knowing the same to be false in accordance with the Caymanian Protection Act (2022 Revision), 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

Date (DD/MM/YYYY) _____

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ACCOMMODATION SUPPLEMENT

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IMPORTANT NOTE: 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.

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 No _____

   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 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.

Landlord Name	Landlord Signature	Date (DD/MM/YYYY)
Employee Name	Employee Signature	Date (DD/MM/YYYY)
Primary Employer Name	Primary Employer Signature	Date (DD/MM/YYYY)

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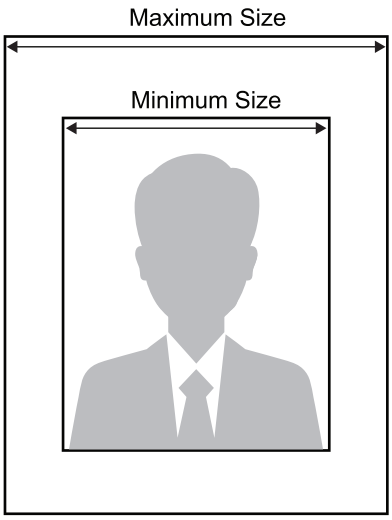
PHOTOGRAPH TEMPLATE
APPLICANTS ONLY

Surname (Last Name)	Given Names (First Names)	Maiden Name (if applicable)
File Number (if known) (Also known as "Work Reference Number")	Application Date	Date of Birth

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

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BUSINESS STAFFING PLAN BOARD
WORK PERMIT RENEWAL CHECKLIST

THIS LIST IS A SUMMARY OF GENERAL REQUIREMENTS FOR ALL APPLICANTS. WORC RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION OR DOCUMENTATION AS DEEMED NECESSARY.

- ☐ Application form 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$200 must be included.
- ☐ Correct work permit fee, including a non-refundable Application fee of:
  CI $150 (where the annual work permit fee is $2,100 or less);
  CI $250 (where the annual work permit fee is $2,100-$10,400);
  CI $500 (where the annual work permit fee is more than $10,400)
  CI $250 repatriation fee for the worker and dependants (if applicable).
- ☐ A full page copy of newspaper advertisements with visible dates, including salary range and all other benefits.
- ☐ Resume and interview notes for the work permit holder and all Caymanians and/or PR Holders.
- ☐ Copies of educational certificate/diplomas/degrees.
- ☐ 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.
- ☐ A copy of the work permit holder's bio-data passport page.
- ☐ 1 full face passport sized photograph
- ☐ 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

FOR ACCOMPANYING DEPENDANTS

Important Note: Certified copies of birth and/or marriage/civil partnership certificates are only required if this is the first time adding the respective dependant.

- ☐ **Child(ren):** 17 years and under:
  1) Certified Birth Certificate
  2) Letter from a local school confirming acceptance/attendance.
- ☐ **Child(ren):** 18 years and over:
  1) Medical Declaration Cover Letter (less than 1 year old)
  2) Certified Birth Certificate
  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) Medical Declaration Cover Letter (less than 1 year old)
  2) Certified copy of Marriage/Civil Partnership certificate
  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)

ADDITIONAL REQUIREMENTS BY INDUSTRY

- ☐ **Construction:** Completed Form A and copies of signed contracts from employer, redacted where appropriate.
- ☐ **Diving:** Certified copy of PADI/NAVI qualifications
- ☐ **Electrical:** Certified copy of license from Electrical Board of Examiners and the ratio of Electricians to apprentice/wiremen
- ☐ **Nurse/ Health Practitioner:** Approval from Health Practitioner's Board
- ☐ **Caretaker for the elderly or infirm:** A Physicians letter confirming the illness if under 65 years of age (proof of age is required)
- ☐ **Security Officer:** Copy of license from the Royal Cayman Islands Police (RCIP)
- ☐ **Plumbing:** Certified copy of license
- ☐ **Farming:** Certified copy of certification from the Department of Agriculture
- ☐ **Janitorial or Gardening:** Completed and signed Form A.
- ☐ **If regulated by CIMA:** Written approval for Senior Finance/Banking professional (e.g. Managing Director, CEO)
- ☐ **Veterinary:** Approval from Veterinary Board
- ☐ **Driver:** Certified copy of license from the Public Transport Board for the appropriate category of vehicle
- ☐ **Mobile Car Wash:** Copy of Mobile Car Wash Vehicles' Logbook(s) and Insurance Certificate(s)
- ☐ **Employment Agency:** Proof of past and future employment for the applicant
- ☐ **Domestic, nanny or caretaker:** Certified copies of birth certificates of children to be cared for.