



BUSINESS STAFFING PLAN BOARD

Application For The Renewal 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) 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) If the 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 8 PAGES

PART 1 - To Be Completed by 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

1. Surname (Last Name) Maiden Name Given Names (First Names)
2. Nationality Date of Birth Gender: Male Female
3. Passport number Date of Issue Place of Issue Date of Expiry
4. Any other names known by Personal Email Address:
5. Address: District: P.O. Box and KY: Telephone:
6. What is your marital status? (certified copy of relevant legal document should be attached, where applicable)
7. Date of expiry of present work permit
8. Job title of position being renewed:

SINCE YOUR PREVIOUS APPLICATION:

9. Have you married, civil partnership, divorced or separated? (certified copy of relevant legal document must be attached) Yes No
10. Have you obtained any professional or technical qualifications (certified copy must be attached)? Yes No
If yes, please list all:

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11. 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
	DD/MM/YY		
	DD/MM/YY		

12. 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
	DD/MM/YY				Yes <input type="checkbox"/> No <input type="checkbox"/>
	DD/MM/YY				Yes <input type="checkbox"/> No <input type="checkbox"/>
	DD/MM/YY				Yes <input type="checkbox"/> No <input type="checkbox"/>

13. 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

Nature of Offence	Date	Location	Verdict and Sentence
	DD/MM/YY		
Name			
	DD/MM/YY		
Name			

DECLARATION

I declare the information contained in this application to be correct to the best of my knowledge and belief and 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 Employer

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

1. Name of employer or employing company _____ Date of Birth _____ DD/MM/YY

Trade Name (if different from above) _____

2. 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 _____

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

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

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

3. Postal Address _____

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

5. Nature of business (or occupation of employer) _____

*Name of your employer _____ Employer's Address _____

6. State under which Law business is licenced to operate _____

Expiry date of expiry of current licence _____ D/MMM/YY Current license number _____

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

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

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

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

11. 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? _____

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

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

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

Nationality	No of Persons	Nationality	No of Persons

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? 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

Under section 63 (2) of the Immigration (Transition) Act, 2021, domestic helpers, teachers, doctors, nurses and ministers of religion may be granted a work permit for a period of up to 5 years.

18. 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)

 Date (DD/MM/YY)

 Signature of Additional Employer
 (Cannot be Agency signature)

 Date (DD/MM/YY)



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

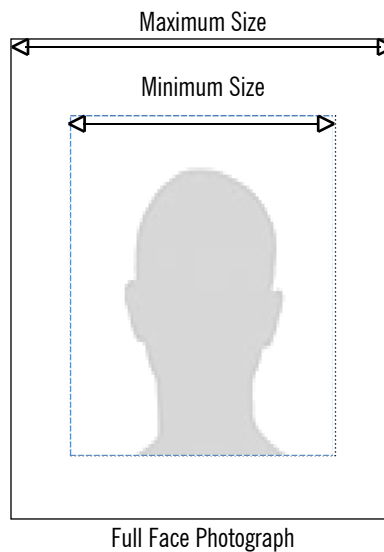
Date (dd/mmm/yyyy)



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
		Date of Birth
		D/MMM/YY
		D/MMM/YY

Applicant Full Face Photo



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 RENEWAL 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)- run consecutively for 2 weeks, 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.
- Resume of all Caymanian applicants** including JobsCayman referrals explaining why they were not hired for the position.
- Copies of newly acquired **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
- 1 **full face** passport sized **photograph** **Cuban National:** Copy of Cuban Visa
- A copy of the T&B License, where the **Trade & Business License** has expired, a copy of the receipt of payment for the renewal from employer.
- 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 Dependents (First Time Adding)

- Child(ren):** 17 years and under:
 - 1) a copy birth certificate
 - 2) a letter from a private school confirming acceptance/attendance.
- Child(ren):** 18 years and older:
 - 1) A medical declaration cover letter (less than 1 year old)
 - 2) copy of 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) a medical declaration cover letter (less than 1 year old)
 - 2) 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)
- Income and expense report (if combined monthly salary falls below CI\$3,500)

ADDITIONAL REQUIREMENTS BY INDUSTRY

<input type="checkbox"/> Construction: Copy of Immigration Form A (or a list of clients including addresses and telephone numbers. Ensure Employer name is on form and that it is signed and dated) AND copies of signed contracts, from employer, redacted where appropriate. A customized version of Form A can be provided by companies who have more than 15 contracts, however each page must have declaration on it and be signed and dated.	<input type="checkbox"/> Janitorial or Gardening: Copy of Immigration Form A (or a list of clients including addresses and telephone numbers. Ensure Employer name is on form and that it is signed and dated)
<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"/> If regulated by CIMA: Written approval for Senior Finance/Banking professional (e.g. Managing Director, CEO)
<input type="checkbox"/> Nurse/ Health Practitioner: Approval from Health Practitioner's Board	<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 license from the Public Transport Board for the appropriate category of vehicle
<input type="checkbox"/> Security Officer: Copy of license from the Royal Cayman Islands Police (RCIP)	<input type="checkbox"/> Mobile Car Wash: Copy of Mobile Car Wash Vehicles' logbook(s) and Insurance Certificate(s).
<input type="checkbox"/> Plumbing: Copy of license	<input type="checkbox"/> Employment Agency: Proof of past and future employment for the applicant
<input type="checkbox"/> Farming: Copy of certification from the Department of Agriculture	<input type="checkbox"/> Domestic, nanny or caretaker: Copies of birth certificates of children to be cared for.
<input type="checkbox"/> Diving: Copy of PADI/NAVI qualifications	