WORC
WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

BUSINESS STAFFING PLAN BOARD

Application for the Grant or Renewal of a Business Staffing Plan

The form should be addressed to: The Secretary of the Business Staffing Plan Board - PO Box 1098, Cayman Islands KY1-1102

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. RETAIN A COPY OF ALL APPLICATIONS AND ATTACHMENTS PROVIDED TO WORC.

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

NOTES: 1) Please provide a copy of the company's Organizational Chart.

☐ Application for the grant of a Business Staffing Plan

☐ Application for the renewal of a Business Staffing Plan

Business Staffing Plan No _____

PART I

1. Name of Business _____
2. Postal Address _____
3. Contact Person _____
4. Telephone _____
5. Email Address _____
6. Nature of Business (if you are a conglomerate or a group of companies, list/explain)

7. Under which law is the business licensed to operate?

8. Total number of employees _____
9. Number of Caymanian employees (including Caymanian Status holders) _____
10. Number of non-Caymanian employees (Note: the Board pays particular attention to the current ratio of Caymanians to non-Caymanians, and the 5-year projected ratio.) _____
11. Of the non-Caymanian employees how many are:
    a) Permanent Residents with the right to work? _____
    b) Residency & Employment Rights Certificate Holders? _____

APPLICATION FOR THE GRANT OR RENEWAL OF A BUSINESS STAFFING PLAN

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. USE SEPARATE SHEET OF PAPER IF NECESSARY.

PART 2

12. Please complete the below table detailing all **CAYMANIAN** employees, continuing on an extra page if necessary:

	FULL NAME	ACADEMIC, PROFESSIONAL, OR TECHNICAL QUALIFICATIONS OR CERTIFICATIONS (IN ADMINISTRATIVE/ SUPERVISORY POSITIONS AND ABOVE)	TITLE OF POSITION(S) OCCUPIED	NO. OF YEARS IN THE ORGANIZATION
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

WORC
WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

APPLICATION FOR THE GRANT OR RENEWAL OF A BUSINESS STAFFING PLAN

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. USE SEPARATE SHEET OF PAPER IF NECESSARY.

PART 3

13. Please complete the table below in respect of all **NON-CAYMANIAN** employees, continuing on an extra page if necessary:

NOTE 1:
WPH: Work Permit Holder
PR/RTW: Permanent Resident With Right To Work
WPH/MTC: Work Permit Holder Married To Caymanian
RERC: Residency & Employment Rights Certificate Holder

	FULL NAME	NATIONALITY	TITLE OF POSITION(S) OCCUPIED	IMMIGRATION CATEGORY (SEE NOTE 1)	POSITION HELD SINCE	WORKERS REF. NUMBER
1	jhvgjcgjcgcgh					
2						
3						
4						
5						
6						
7						
8						
9						
10			jhcgkcjggcgh			
11						
12						
13						
14						
15						
16						
17						
18						
19						

WORC
WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

APPLICATION FOR THE GRANT OR RENEWAL OF A BUSINESS STAFFING PLAN

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. USE SEPARATE SHEET OF PAPER IF NECESSARY.

PART 4

14. Out of the employees listed in Part 3, excluding those who are Permanent Residents or holders of a Residency & Employment Rights Certificate (RERC), please provide details of the likelihood of each position being filled by a Caymanian, a Permanent Resident or a RERC holder, and the anticipated length of time in respect of each position before that happens.

NOTES
(1) Title of position occupied must be same as corresponding position number in Part 3
(2) If it is unlikely that this position could ever be filled by a Caymanian or Permanent Resident/RERC holder, please give reasons.

POSITION NO. (TAKEN FROM PART 3)	TITLE OF POSITION(S) OCCUPIED (SEE NOTE 1 BELOW)	LIKELIHOOD OF POSITION BEING FILLED BY A CAYMANIAN OR PERMANENT RESIDENT/RERC HOLDER (STATE QUALIFICATIONS AND THE COMPETENCIES REQUIRED FOR THE POSITION, AND ANY UNIQUE SKILLS OF THE INCUMBENT, MENTION ANY CHALLENGES, SUCH AS LABOUR MARKET AVAILABILITY) (see note 2 below)	IF LIKELY, INDICATE TIME LINE

WORC
WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

APPLICATION FOR THE GRANT OR RENEWAL OF A BUSINESS STAFFING PLAN

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. USE SEPARATE SHEET OF PAPER IF NECESSARY.

PART 5

15. Please outline below the anticipated percentage & numerical growth in staffing of the business and its future plans for the next three to five years (Provide an organizational chart, include ratio of Caymanians to non-Caymanians.)

16. Please outline the commitment of the business to education and development locally including scholarships, training schemes and in-house training. Provide information regarding direct and/or indirect investments in educational activities. Provide training report, and progress reports. If in-house scholarship programme, provide details of current scholarship recipient.

17. Please provide a general statement of the company's recruitment policy. Provide general policies. The board may also find the following useful: Details on promotion and succession policies, and details of employment turn-over in past 2 years, particularly in the managerial level and above.

18. Please identify the number of new work permits (in addition to those listed in Part 3) that will be required in at least the next three to five years, the positions that they will be required for and the length of validity required for each of the work permits (provide organizational chart, with 5-year outlook & showing new posts. If possible, include ratio of Caymanians and non-Caymanians).

The Board suggests a Table, as an addendum to the summary data provided for questions 15, 16 and 18.
The following example may be useful.

LIST OF POSITIONS BY DEPARTMENT	CURRENT STAFF COUNT	3-5 YEAR PROJECTED HEAD COUNT	% INCREASE	FUTURE # OF CAYMANIANS ANTICIPATED	FUTURE # OF WORK PERMITS

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 particular which I know to be false or do not believe to be true.

Signed _____ Name in Block letters _____

Position within the Company _____