



WORC

WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

PERMISSION TO CONTINUE WORKING APPLICATION

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 a separate sheet of paper where necessary. (iii) Retain a copy of all applications and attachments you provide WORC. (iv) All communication will be sent to the email address listed in Part 2 of the application.

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 EMPLOYEE

File/Worker Ref No. (if known) _____

- 1. Awaiting decision on application for Permanent Residence - valid for 6 months (PCW)
- 2. Awaiting decision on permanent residence refusal appeal from Immigration Appeals Tribunal - valid for 6 months (PCW) - Date Appeal filed (if any) _____
- 3. Awaiting decision on permanent residence refusal appeal from Grant Court (Judicial Review) - valid for 6 months (PCW) - Date Appeal filed (if any) _____
- 4. Requesting final permission to work (appeal dismissed)- valid for 90 days only (FPW)

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 _____

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

6. (i). Have you, or any dependant accompanying you, ever been arrested or charged with a criminal offence in any country (including the Cayman Islands)? If you answered yes, please give details: Yes No

Nature of Offence	Date	Location	Verdict and Sentence
_____	_____	_____	_____
_____	_____	_____	_____

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

Nature of Offence	Date	Location	Verdict and Sentence
_____	_____	_____	_____
_____	_____	_____	_____

7. Term Limit Date _____ Are you presently in good health? Yes No

6. Particulars of any dependant(s) previously approved on work permit or final work Permit

Name	Date of Birth	Nationality	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

6. If your permanent residence application is pending with the Board/Director of WORC has any of your circumstances changed since it was submitted? Yes No

If yes, have you notified the Board/Director of WORC of those change of circumstances? Yes No

DECLARATION

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. By signing below I also understand and accept that if this application is approved any and all conditions contained in the Work Permit must be complied with. 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.

Employee Signature

Date (DD/MM/YYYY)

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 - TO BE COMPLETED BY EMPLOYER

1. Name of Business/Company Employer _____
 Name of Individual (Personal) Employer _____

 Surname (Last Name) Maiden Name Given Names (First Names)
 Email Address _____ Date of Birth _____ Gender Male Female
 Address _____
 District _____ P.O. Box & KY _____ Telephone _____

2. Occupation to be filled _____

3. How much will the employee receive in salary or wages from additional employer?
 CI\$ US\$ _____ Day Week Month

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

5. Trade & Business number, if applicable _____

Name and contact information of additional employer if being shared (should have been previously approved by Director of WORC or the Board when work permit was in effect)

6. Additional Employer Name _____

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

NOTES:

- A worker awaiting the decision of a residency and employment rights certificate from Director of WORC/The Caymanian Status and Permanent Residency Board or a decision from the Immigration Appeals Tribunal is entitled to work for a different employer, but in the same occupation as stated in his final work permit. They must first have their new employer submit a new Permission To Continue to Work application (Form P1).
- Once a decision is made and communicated by the Immigration Appeals Tribunal, the Permission To Continue to Work authorization falls away, at the expiration date, and the worker must regularize his immigration status immediately following the date of expiration.

 Employer Signature

 Date (DD/MM/YYYY)

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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 & payment of pension contributions are mandatory.

1. Do you have a valid Pension Plan for this employee in accordance with the National Pensions Act 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 _____
 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

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) _____

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**
 - Cover letter signed by Employer with detailed summary of why the Permission To Continue to work is required.
 - Correct fee: (a) \$150 where the annual work permit application fee is \$2,100 or less,
(b) \$250 where the annual work permit fee is between \$2,101 - \$10,400, or
(c) \$500 where the annual work permit fee is more than \$10,400
 - 50% of annual work permit fee (6 months)
 - Proof of enrollment in a pension plan
 - Proof of enrollment in a health insurance plan
 - A Medical Declaration Cover Letter, must be less than one year old at date of submission.
 - A copy of the appeal fee receipt (where an appeal has been filed)
- Signed and sealed, Police Clearance certificate - less than 12 months old