



# WORC

WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN  
CAYMAN ISLANDS GOVERNMENT

## APPLICATION FOR A TEMPORARY WORK PERMIT

THE APPLICATION FOR THE GRANT OF A TEMPORARY WORK PERMIT SHOULD BE ADDRESSED TO:  
THE DIRECTOR, WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN, 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) This application is in two parts. The first part is to be completed by the employee and the second part by the employer or the self-employed. (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) For support and guidelines see the WORC website [www.worc.ky](http://www.worc.ky). (v) All communication will be sent to the email address listed on Part 2 (page 4) 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. Are you known by any other name(s)?  Yes  No If Yes, provide other Name(s) \_\_\_\_\_

5. Address \_\_\_\_\_

District \_\_\_\_\_ P.O. Box & KY \_\_\_\_\_ Telephone \_\_\_\_\_

Do you have E-Mail?  Yes  No If yes, Email Address \_\_\_\_\_

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. 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
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. (i) What position are you applying for? \_\_\_\_\_

(ii) What experience do you have which is relevant to this job?  
\_\_\_\_\_

(iii) How many years of experience do you have which are relevant to this job? \_\_\_\_\_

9. Do you have a current appeal pending with the Immigration Appeals Tribunal? (if yes, please provide details)  Yes  No

**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.**

10. (i). Have 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 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
_____	_____	_____	_____
_____	_____	_____	_____

(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? If you answered yes, please provide details below:  Yes  No

Nature of Fine	Date	Location	Amount (CI\$)
_____	_____	_____	_____
_____	_____	_____	_____

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

Nature of Sanction	Date	Location	Reasons
_____	_____	_____	_____
_____	_____	_____	_____

(v). 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

11. 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?  Yes  No  
 If you answered yes, please provide name of permit holder: \_\_\_\_\_

12. 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:

13. (i). Have any dependants accompanying you ever been arrested or charged with a criminal offence in any country? If you answered yes, please give details:  Yes  No

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

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

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

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14. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Are you of Caymanian descent or have close connections with the Cayman Islands, either historically, or by marriage to a Caymanian? If yes, please provide details and include marriage and/or birth certificates.  Yes  No

Name	Relationship	Address
_____	_____	_____
_____	_____	_____

**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.

16. Is English your native language?  Yes  No If Yes, skip to question 17.  
 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 _____	_____	_____	_____
b) TOCIEC <input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____	_____	_____

Attach a copy of your score report.

17. (i) Are you in good physical and mental health?  Yes  No If no, please give details  
 \_\_\_\_\_  
 (ii) Are all dependants accompanying you in good physical and mental health?  Yes  No If no, please give details  
 \_\_\_\_\_  
 (iii) Have you ever tested positive for HIV or any other sexually transmitted diseases?  Yes  No If yes, please give details  
 \_\_\_\_\_

**IMPORTANT NOTE:**

If approved, the Temporary Work Permit will be subject to the following and any other additional conditions contained therein: (i) the employee is not allowed to work for any other employer or perform any other occupation other than that or those listed in this application; and (ii) the permission of the employee to remain and work in the Cayman Islands ceases in the event that the Temporary Work Permit expires, is revoked, or if their employment is terminated..

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 Temporary Work Permit must be complied with.

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 (Cannot be Agency 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.**

**NOTES:** (i) This application is in two parts. The first part is to be completed by the employee and the second part by the employer or the self-employed. (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.

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### PART 2 - TO BE COMPLETED BY EMPLOYER

**1. A. COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY**

- Name \_\_\_\_\_
- (i) Nature of Company Business \_\_\_\_\_
- (ii) PO Box & KY \_\_\_\_\_ (iii) Physical Address \_\_\_\_\_
- (iv) Email Address \_\_\_\_\_
- (vi) Under which Law is business licensed to operate? \_\_\_\_\_
- (vii) Expiry date of current licence \_\_\_\_\_ (viii) Licence Number \_\_\_\_\_
- (ix) Is the employee a shareholder or owner of the Company?  Yes  No
- (a) If Yes, will this employee be remunerated only in the capacity of the occupation of this work permit?  Yes  No
- If No, explain \_\_\_\_\_

**1. B. COMPLETE THIS SECTION ONLY IF YOU ARE A PERSONAL EMPLOYER**

- Name \_\_\_\_\_ (i) Date of Birth \_\_\_\_\_
- (ii) PO Box & KY \_\_\_\_\_ (iii) Telephone/Cell \_\_\_\_\_
- (iv) Email Address \_\_\_\_\_ (v) Occupation \_\_\_\_\_
- (vi) Employer Name \_\_\_\_\_
- (vii) Employer PO Box & KY \_\_\_\_\_ (viii) Employer Telephone \_\_\_\_\_

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 \_\_\_\_\_
- a. Position to be filled with additional employer \_\_\_\_\_
- b. How much will the employee receive in salary or wages from additional employer?
- CI\$  US\$ \_\_\_\_\_  Hour  Day  Week  Month
- c. How many hours is the worker required to work each week with additional employer? \_\_\_\_\_

3. Is the Employee a family member of the Employer?  Yes  No If Yes, Relationship? \_\_\_\_\_

4. State the occupation for which prospective employee is required (full job description to be attached).
- 

5. What skills, qualifications and experience are required for this position?
- 

6. How many people do you currently employ? \_\_\_\_\_ How many are Caymanian? \_\_\_\_\_ How many are Permanent Residents? \_\_\_\_\_

7. Has this job been registered on the JobsCayman portal?  Yes  No If yes, provide the Job ID \_\_\_\_\_

**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.**

8. (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?

9. (i) How long do you wish this Temporary Work Permit to be valid for:  
 1 Month     3 Months     6 Months     8 Months (Seasonal Temporary Only)
- (ii) What date do you wish this Temporary Work Permit to begin? \_\_\_\_\_

10. I am requesting that the approval coincides with my spouse's work permit, per section 66(10) of The Caymanian Protection Act (2022 Revision)  Yes  No

11. (i) How much will the employee 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 is a household domestic, will the worker live in the same residence as the employer?  Yes  No
- (v). 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

12. 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.  Yes  No
- (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?

### DECLARATION

**Note:** If approved, the Temporary Work Permit will be subject to the following and any other additional conditions contained therein: (i) the employee is not allowed to work for any other employer or perform any other occupation other than that or those listed in this application; and (ii) the permission of the employee to remain and work in the Cayman Islands ceases in the event that the Temporary Work Permit expires, is revoked, or if their employment is terminated.

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 Temporary Work Permit must be complied with.

\_\_\_\_\_  
 Signature of Employer (Cannot be Agency Signature)

\_\_\_\_\_  
 Date (DD/MM/YYYY)

\_\_\_\_\_  
 Signature of Additional Employer (Cannot be Agency 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.**

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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) \_\_\_\_\_

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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)

\_\_\_\_\_  
 Surname (Last Name)

\_\_\_\_\_  
 Given Names (First Names)

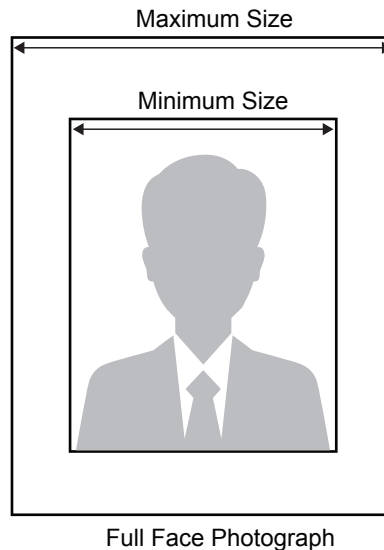
\_\_\_\_\_  
 Maiden Name (if applicable)

\_\_\_\_\_  
 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 above
  - 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

**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.
- Cover letter(s) signed by Employer(s) with detailed summary of why the work permit is required - Include a full and accurate job description detailing ALL duties to be carried out.
- 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 \$500 (where the annual work permit fee is more than \$10,400)
  - CI \$250 (where the annual work permit fee is \$2,100-\$10,400);
  - CI \$250 repatriation fee for the worker and dependants (if applicable).
- Express Fee (if applicable)
- Medical Declaration Cover Letter - may be no older than one year old at date of submission.
- Original signed and sealed, Police Clearance certificate – less than 6 months old, from last place of residence.
- 1 full face passport sized photograph
- Copy of prospective employee's FULL resume which details employment history & qualifications
- Certified/Notarized copies of educational certificate/diplomas/degrees.
- A copy of the work permit holder's bio-data passport page.
- A release letter (signed by the 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.
- 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

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Construction:</b> Completed Form A AND copies of signed contracts, from employer, redacted where appropriate.</li> <li><input type="checkbox"/> <b>Professional/Managerial:</b> Copies of qualifications</li> <li><input type="checkbox"/> <b>Nurse/ Health/Dental Practitioner:</b> Approval from Health Practitioner's Board or Medical &amp; Dental Counsel</li> <li><input type="checkbox"/> <b>Electrical:</b> Copy of license from Electrical Board of Examiners and the ratio of Electricians to apprentice/wiremen</li> <li><input type="checkbox"/> <b>Diving-PADI/NAVI:</b> Copy of Divers Photo ID Card &amp; Membership Status</li> <li><input type="checkbox"/> <b>Plumbing:</b> Certified copy of license</li> <li><input type="checkbox"/> <b>Domestic, nanny or caretaker:</b> Certified copies of birth certificates of children to be cared for.</li> <li><input type="checkbox"/> <b>Security Officer:</b> Copy of preliminary license from the Royal Cayman Islands Police (RCIP)</li> <li><input type="checkbox"/> <b>Teachers:</b> Approval from Educational Council</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Janitorial or Gardening:</b> Completed Form A</li> <li><input type="checkbox"/> <b>If regulated by CIMA:</b> Written approval for Senior Finance/Banking professional (e.g. Managing Director, CEO)</li> <li><input type="checkbox"/> <b>Veterinary:</b> Approval from Veterinary Board</li> <li><input type="checkbox"/> <b>Driver:</b> Certified copy of license from the Public Transport Board for the appropriate category of vehicle</li> <li><input type="checkbox"/> <b>Skilled/Supervisory:</b> Copies of qualifications and detailed list of skills</li> <li><input type="checkbox"/> <b>Employment Agency:</b> Proof of past and future employment for the applicant</li> <li><input type="checkbox"/> <b>Caretaker for the elderly or infirm:</b> A Physician's letter confirming the illness if the infirm is under 65 years of age. Patient proof of age is required.</li> <li><input type="checkbox"/> <b>Farming:</b> Agriculture ID Card or certified copy of certification from the Department of Agriculture, letter from Agriculture</li> <li><input type="checkbox"/> <b>Mobile Car Wash:</b> Copy of Mobile Car Wash Vehicles' Logbook(s) and Insurance Certificate(s)</li> </ul> |
|--|--|

## ENTERTAINMENT INDUSTRY - ADDITIONAL REQUIREMENTS

- Musical and Theatric Entertainer:** Provide a demo tape/CD/DVD of show to be performed
- Liquor License:** Approval for the event, if applicable
- Event Advertising:** Provide reasonable size samples of advertising materials (e.g., flyers)