WORC
WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

APPLICATION FOR GRANT OF EXTENDED RESIDENCE

☐ Specialist Caregiver/Farmhand Grant

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: This application is in four parts. Part one is to be completed by the prospective employee. Parts two through four are to be completed by the 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

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. If you are not currently living in the Cayman Islands what is your present address and contact information?

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

Nature of Offence	Date	Place	Verdict and Sentence

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

Nature of Offence	Date	Place	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/YY) _____

WORC
WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

APPLICATION FOR GRANT OF EXTENDED RESIDENCE

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 - DETAILS RELATING TO EMPLOYER - TO BE COMPLETED BY PROSPECTIVE EMPLOYER

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

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

3. Address _____

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

Personal Email Address _____

4. Occupation _____

PART 3A - SPECIALIST CAREGIVER DETAILS - TO BE COMPLETED BY PROSPECTIVE EMPLOYER

1. Prior to submitting this application how long have you employed this Employee? _____

2. In what capacity did you previously employ the employee?
☐ Domestic Helper ☐ Nurse ☐ Nanny ☐ Some other care-giving capacity, please specify _____

3. In what capacity will you employ the employee under this Certificate?
☐ Domestic Helper ☐ Nurse ☐ Nanny ☐ Some other care-giving capacity, please specify _____

4. i. How much will the employee be receiving in hourly wages? _____ ☐ CI$ ☐ US$
ii. What is the minimum number of hours the employee will be required to work? _____ ☐ Per Day ☐ Per Week ☐ Per Month

5. Full name of person being cared for _____
Is the person to be cared for:
☐ **AN ELDERLY PERSON** (a person over the age of sixty-five years)
☐ **A SICK PERSON** (a person who suffers from an illness which has been certified by a doctor as not being short-term in nature and as a result of which the person is dependent on the care of a specialist caregiver)
☐ **A PERSON WITH A DISABILITY** (a person who suffers from a permanent physical or mental disability which has been documented by a doctor and who as a result of this disability is dependent on the care of a specialist caregiver)

PART 3B – COMMERCIAL FARMHAND DETAILS – TO BE COMPLETED BY PROSPECTIVE EMPLOYER

1. In what capacity did you previously employ the employee?
☐ Farmer ☐ Livestock Farmer ☐ General Farmhand ☐ Farmer Helper
☐ Some other farm/cultivation capacity, please specify: _____

2. In what capacity will you employ the prospective employee?
☐ Farmer ☐ Livestock Farmer ☐ General Farmhand ☐ Farmer Helper
☐ Some other farm/cultivation capacity, please specify: _____

3. i. How much will the employee be receiving in hourly wages? _____ ☐ CI$ ☐ US$
ii. What is the minimum number of hours the employee will be required to work? _____ ☐ Per Day ☐ Per Week ☐ Per Month

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

Signature of Employee _____ Date (DD/MM/YY) _____

WORC
WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

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

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.

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

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)_____

WORC
WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

ACCOMMODATION SUPPLEMENT

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

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.

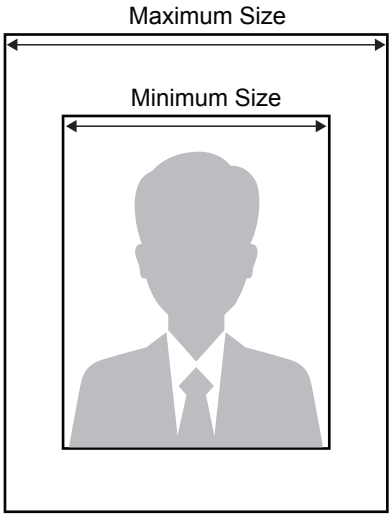
Landlord Name	Landlord Signature	Date (DD/MM/YYYY)
Employee Name	Employee Signature	Date (DD/MM/YYYY)
Primary Employer Name	Primary Employer Signature	Date (DD/MM/YYYY)

WORC
WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

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 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

WORC
WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

CHECKLIST FOR GRANT OF EXTENDED RESIDENCE

THIS LIST IS A SUMMARY OF GENERAL REQUIREMENTS FOR ALL APPLICANTS. THE WORK PERMIT BOARD 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.
- ☐ Fees application fee CI$150 (original signature required) plus grant fee equivalent to annual work permit fee.
- ☐ 1 full face passport sized photograph
- ☐ Cover Letter signed by Employer detailing why certificate is required - original signature required
- ☐ 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.

SPECIALIST CAREGIVER REQUIREMENTS

- ☐ If person being cared for is an elderly person, provide copy of the person's birth certificate, passport or other document proving their age
- ☐ If person being cared for is a sick person, provide letter from doctor confirming nature of illness
- ☐ If person being cared for is a person with a disability, provide letter from doctor confirming disability

COMMERCIAL FARMHAND

- ☐ Proof that employer is registered with the Department of Agriculture as a commercial agriculture producer