



APPLICATION FOR GRANT OF THE CERTIFICATE FOR SPECIALIST CAREGIVER

This application should be addressed to:
The Secretary to the Work Permit Board, PO Box 1098, Grand Cayman KY1-1102

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

APPLICATION FORM CONTAINS 6 PAGES

PART 1 - Details relating to Employee - To be completed by the Prospective Employee

1. Surname (Last Name)	Maiden Name	Given Names (First Names)
2. Nationality	Date of Birth	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
3. Passport no	Date of Issue	Place of Issue
4. Any other Names known by	(iv) Personal Email Address	
5. Physical Address		
District	PO Box and KY	Phone
6. If you are not currently living in the Cayman Islands what is your present address and contact information?		
7. Have you ever been charged or convicted of a criminal offence in any country, including the Cayman Islands? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered yes, please give details		
Nature of offence	Date	Place
	D/MMM/YY	
8. Are you presently in good health? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

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 Prospective Employee _____

Date (DD/MM/YY) _____

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. Physical Address _____
District _____ PO Box and KY _____ Phone _____
Personal Email Address _____

4. Occupation _____

PART 3 - Details relation to Employment - To be completed by Prospective Employer

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

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? _____ KYD USD
ii. What is the minimum number of hours the employee will be required to work? _____ per day per week per month

PART 4 - Details relating to Person to be cared for - to be completed by Prospective Employer

1. Full name of person being cared for _____

Is the person to be cared for -

a. an elderly person
(a person over the age of sixty-five years)

b. 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)

c. 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)

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 Prospective Employer _____

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

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 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 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

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.

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. 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

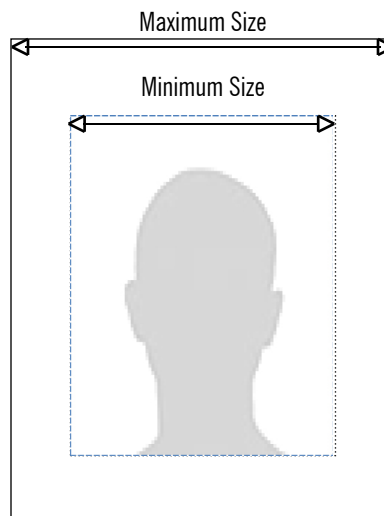
Date (dd/mmm/yyyy)



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



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 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.



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 it sees fit.

- Fees** application fee C1\$100 (original signature required) **plus** grant fee equivalent to annual work permit fee
- Photograph** one (1) full face photo - see photo template for more information
- Cover Letter** signed by Employer detailing why certificate is required - original signature required
- Police Clearance** original signed and sealed, less than 6 months old, for last place of residence
- Original Medical Declaration Cover Letter** - may be no older than one year old at date of submission
- 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**