



IMMIGRATION CAYMAN ISLANDS

CAYMAN ISLANDS IMMIGRATION LAW

BUSINESS STAFFING PLAN BOARD

Application For The Grant Of A Work Permit

The completed application for a work permit should be sent to,

The Secretary to the Business Staffing Plan Board, 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) The Applicant must have a valid passport. (ii) This form is for use only when applying for the grant of a work permit under Section 42(3) of the Immigration Law. (iii) The position that the employee will continue to occupy must be listed in a valid Business Staffing Plan Certificate. (iv) 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. (v) Refer to the checklist accompanying this form for additional documents required to process this application. (v) Use separate sheet of paper, where necessary, to thoroughly answer each question.

APPLICATION FORM CONTAINS 12 PAGES

PART 1 - To Be Completed By The Prospective Employee

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

2. Nationality _____ Date of Birth DD/MM/YY Gender: Male Female

3. Passport number _____ Date of Issue DD/MM/YY Place of Issue _____ Date of Expiry DD/MM/YY

4. Any other Names known by _____ (iv) Personal Email Address: _____

5. Address: _____

District: _____ P.O. Box and KY: _____ Telephone: _____

6. Have you ever been married, divorced or separated? (certified copy of relevant legal document should be attached, where applicable) Yes No
 Married : Date DD/MM/YY Divorced : Date DD/MM/YY Separated : Date DD/MM/YY

Name of spouse _____ Nationality of spouse _____

7. Expiry date of present work permit, if applicable DD/MM/YY

8. (i). What date did you first arrive in the Cayman Islands? Date: DD/MM/YY

(ii). What date did your first employment in the Cayman Islands begin? Date: DD/MM/YY

(iii). Was this employment authorised by: (a) A Work Permit
(b) A Government Contract
(c) Other form of Authorisation (For example, were you exempted from work permit requirements under the Immigration Law (2012 Revision) or any previous immigration legislation?) Please explain.

(iv). 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: _____



BUSINESS STAFFING PLAN BOARD

Application For The Grant Of A Work Permit

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.

(v). 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: _____

9. 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
DD/MM/YY	DD/MM/YY	_____
DD/MM/YY	DD/MM/YY	_____
DD/MM/YY	DD/MM/YY	_____

10. What is your level of education? (Certified copies of certification must be attached)

- Less than High School/Secondary School
- High School/Secondary School
- Post-Graduate Degree (Diploma, Master's, Ph.D.)
- Sixth form
- Associate Degree
- Professional Qualification (e.g CPA, CA, ACCA, ACIS, CFA, ACIB, AICB, MRICS, City & Guilds, NVQ etc.). List all that apply: _____
- Technical/Vocational
- Bachelor's Degree

11. What position are you applying for? _____ 11.a. How many years of experience do you have which are relevant to this job? _____

12. What experience do you have which is relevant to this job? _____

13. (i). Have you ever previously made an application (whether granted or not) to work in the Cayman Islands? Yes No

If so, please provide details, dates, and state whether the applications were granted or refused.

(ii). Is this or any other decision presently under appeal to the Immigration Appeals Tribunal? Yes No

14. Are you of Caymanian descent or have close connections with the Cayman Islands, either historically, or by marriage to a Caymanian? Yes No

If yes, please provide details and include marriage and/or birth certificates

Name	Relationship	Address
_____	_____	_____
_____	_____	_____

15. Do you have any dependants? If yes, please list below: Yes No

Name	Relationship	Address
_____	_____	_____
_____	_____	_____



BUSINESS STAFFING PLAN BOARD

Application For The Grant Of A Work Permit

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.

16. Do you have any relatives or dependants who currently reside/work in the Cayman Islands? If so, please list below: Yes No

Name	Relationship	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

17. Do you have any dependants (spouse, children or others) who you wish to accompany you to the Cayman Islands? If yes, please detail below: Yes No

Name	Date of Birth	Nationality	Relationship	Country of Residence
<input type="text"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

18. (i). Have you ever been charged or 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	Location	Verdict and Sentence
<input type="text"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>

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

Nature of fine	Date	Location	Amount (CI\$)
<input type="text"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>

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

Nature of sanction	Date	Location	Reasons
<input type="text"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>

(iv). 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



BUSINESS STAFFING PLAN BOARD

Application For The Grant Of A Work Permit

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.

19. Have you ever been bankrupt or owned shares, equity or rights in a non-public quoted company or been a director, manager, or officer of a company, partnership or entity which went bankrupt or ceased trading without creditors being paid in full? Yes No If you answered yes, please provide dates and details in your cover letter.

20. Are you solvent? (Are you able to pay all debts/bills as they become due?) Yes No If no, please explain.

21. Have you ever been actively involved in politics in or outside the Cayman Islands? Yes No

If you answered yes, please give dates and details: _____

22. Have you ever had a permit to work refused, revoked or not renewed upon application in any country during the past 15 years? Yes No

If yes, when, where and for what reasons? _____

23. Are you, and all dependants accompanying you, in good physical and mental health? Yes No

If no, please give details: _____

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.

24. Is English your native language? Yes No

If Yes, skip to question 25.

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?

a) Cayman Islands Immigration Yes No

	Score/Band	Score Report No	Exam Date	
b) IELTS <input type="checkbox"/> Yes <input type="checkbox"/> No			DD/MM/YY	Attach a copy of your score report
c) TOCIEC <input type="checkbox"/> Yes <input type="checkbox"/> No			DD/MM/YY	Attach a copy of your score report



BUSINESS STAFFING PLAN BOARD

Application For The Grant Of A Work Permit

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.

25. The name and address of my bank is:-

	Bank	Address
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>

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 The Immigration Law, Section 42(4)(b), I hereby agree to submit to being Fingerprinted/Palmprianted for the purpose of identity verification and criminal checks domestically and internationally.

Signature of prospective worker _____

Date (DD/MM/YY) _____



BUSINESS STAFFING PLAN BOARD

Application For The Grant Of A Work Permit

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.

PART 2 - To Be Completed By The Prospective Employer

1. Name of employer or employing company _____ Date of Birth DD/MM/YY

Trade Name (if different from above) _____

Name of additional employer (if permit is to be shared) _____ Date of Birth DD/MM/YY

2. Nationality (if employer is a person) _____ Nationality (if additional employer is a person) _____

3. Postal Address & KY _____

4. Telephone (Work) _____ Telephone (Home) _____ Email Address _____

5. Nature of business (or occupation of employer) _____
Name of your employer _____ Employers Address _____

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

Date of expiry of current business licence DD/MM/YY Current licence number _____

7. Business Staffing Plan Certificate no. _____ valid until DD/MM/YY

8. Is this applicant replacing another employee? Yes No

8.a. If yes, name of employee being replaced: _____ Nationality _____

9. Job title (must be same as in Business Staffing Plan Certificate) _____

10. Job serial number (taken from Business Staffing Plan Certificate) _____

11. Has this job been advertised or referred to the National Workforce Development Agency (NWDA)? (copies of advertisements should be attached)
 Yes No if not, why not? _____

12. If the job was advertised or referred to the NWDA, did any persons with Caymanian status or persons legally resident in the Cayman Islands apply?
 Yes No If the answer is yes, how many applied and why were none hired? _____

If Yes, provide NWDA Job ID No _____

13. If you employ non-Caymanians, provide nationality and the number of persons:-

Nationality	No of Persons	Nationality	No of Persons



BUSINESS STAFFING PLAN BOARD

Application For The Grant Of A Work Permit

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.

14. How many people do you currently employ? Of those you employ, how many are Caymanian?

15. (i). How much will the worker receiving in salary or wages?

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

(iii). What other benefits, (if any) does the worker receive?

16. Is this prospective employee being recruited from a non-English speaking country? Yes No

(ii) If "YES", are you aware of the requirements of the English Skills Test which must be undertaken by the prospective employee upon arrival in the Cayman Islands?
 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?

17. For what period is the permit required?
 1 year 2 years 3 years 4 years 5 years *Under the Immigration law, domestic helpers, teachers, doctors, nurses and ministers of religion may be granted a work permit for a period of up to 5 years.

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

Signature of Employer

Date (DD/MM/YY)

Signature of Additional Employer (if applicable)

Date (DD/MM/YY)

FOR OFFICIAL USE ONLY

Approved Subject to: Satisfactory medical Satisfactory local HIV/VDRL Lab Satisfactory English test

Refused Reasons:

Deferred Reasons:
Date (DD/MM/YY)

Secretary, Business Staffing Plan Board _____

Date (DD/MM/YY) _____



IMMIGRATION
CAYMAN ISLANDS

CAYMAN ISLANDS IMMIGRATION LAW SECTION 42

WORK PERMIT PAYMENT LOG

Employer

Employee

Occupation

Number of Accompanying Dependants

WORK PERMIT FEE (for first year only) CI\$

ADMINISTRATION FILING FEE CI\$

DEPENDANT'S FEE (per dependant for first year only) CI\$

REPATRIATION FEE (one-time non-refundable payment per person) CI\$

TOTAL FUNDS SUBMITTED CI\$

PAYMENT METHOD: CASH / CHEQUE

CHEQUE NUMBER



Health and Pension Supplement To Work Permit Application
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

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

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 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 CI \$5,000.00 and imprisonment of one year..

Name of Employer _____

Authorized signatory for and on behalf of Employer _____
Original Signature of Employer Required!, not Agency Representative

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 enrolled me in the Health Insurance Plan and has enrolled 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 CI \$5,000.00 and imprisonment of one year.

Name of Employee _____

Signature _____
Original Signature of Employee Required!, not Agency Representative

Date (DD/MMM/YY) D/MMM/YY



IMMIGRATION
CAYMAN ISLANDS

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.

1. Name of Employee _____

2. Name of Employer _____

3. Employee's Physical Address _____

District _____ PO Box and KY _____ Telephone _____

Block and Parcel No _____ - _____

4. Type of Building Dwelling House Apartment Hotel

5. How many rooms are available for the employee and his/her family?

Bedrooms _____ Bathrooms _____ Living Rooms _____ Kitchens _____

6. 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

7. This accommodation is Owned by the Employer Owned by the Employee Rented by the Employer Rented by the Employee

8. If Rented, what is the period of lease? _____

9. 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 _____

I understand that in considering this application it may be necessary for a representative of the Department of Immigration to examine the accommodation.
I agree that a representative of the department may view the premises described above at any reasonable hour of the day.
I further attest that, to the best of my knowledge and belief, the above details are true and correct.
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 Primary Employer Name _____ Primary Employer Signature _____ Date (dd/mmm/yyyy) _____
Original Signature required, may be Agency Signature if Agency authorised to sign by Employer

Print Employee Name _____ Employee Signature _____ Date (dd/mmm/yyyy) _____
Original signature required, cannot be Agency signature

Print Owner/Landlord/Rental Agent Name (if any) _____ Owner/Landlord/Rental Agent (if private dwelling) _____ Date (dd/mmm/yyyy) _____
Original Signature required

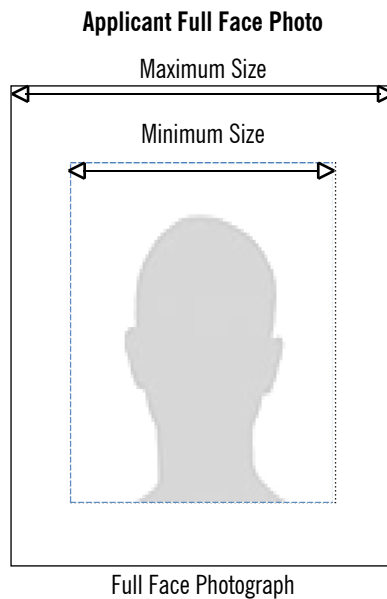


IMMIGRATION CAYMAN ISLANDS

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	D/MMM/YY	Date of Birth	D/MMM/YY

For a work permit grant, work permit renewal, permanent residency or status - provide Full Face Photo.



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.

BUSINESS STAFFING PLAN BOARD - WORK PERMIT GRANT CHECKLIST

This list is a summary of general requirements for ALL applicants. The Business Staffing Plan Board reserves the right to request additional information or documentation as it sees fit.

- See online guidelines for additional information and specifications -

- Application forms** duly completed, signed and dated by employee and employer - original signatures required. **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.**
- Ensure that the Business Staffing Plan **number for the employee** is the next available number in the plan. e.g. if position #2 is taken and #3 and #4 are available then #3 must be used before #4 can be used, unless the applicant is replacing an employee in position #2.
- Please ensure compliance with conditions set within the Business Staffing Plan e.g. **Regulation 6** conditions.
- If the position is not included in the plan, the new title must be requested to be added within the cover letter and an additional non-refundable application fee of CI\$100 must be included.
- Cover letter signed by Employer** with detailed summary of why the permit is required - original signature required.
- A full page copy of two **newspaper advertisements** (valid for 6 months maximum)- run consecutively for 2 weeks, with visible dates, including salary range and all other benefits.
- Correct work permit fee, including CI\$100 non-refundable application fee, dependant fee if applicable, and \$200 non-refundable repatriation fee for each person.
- Resume of all Caymanian applicants** including NWDA referrals explaining why they were not hired for the position.
- Certified copies of **educational certificate/diplomas/degrees**. Copy of Applicant's Resume
- Original signed and sealed, **Police Clearance certificate** - less than 6 months old, from last place of residence.
- Original **medical questionnaire**, if applicable, as the **full** medical is only required every 3 years, including the original HIV/VDRL lab report (**HIV/VDRL is required every six months**).
- 1 **full face** passport sized **photograph** **Cuban National:** Certified copy of Cuban Visa
- 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
- Where the **Trade & Business License** has expired, a copy of the receipt of payment for the renewal from employer
- A **release letter** 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.

For Accompanying Dependants

- Child(ren):** An original medical questionnaire (if over 18 years of age), a certified birth certificate, a letter from a private school confirming acceptance/attendance.
- Spouse:** An original medical questionnaire, a certified marriage license, original signed and sealed Police Clearance certificate - less than six months old, from last place of residence
- Section 52 (12) application (to coincide with spouse):** An affidavit (see Immigration forms for sample) **AND** certified copy of marriage certificate

ADDITIONAL REQUIREMENTS BY INDUSTRY

<input type="checkbox"/> Construction: Copy of Immigration Form A (or a list of clients including addresses and telephone numbers. Ensure Employer name is on form and that it is signed and dated) AND copies of signed contracts, from employer, redacted where appropriate	<input type="checkbox"/> Janitorial or Gardening: Copy of Immigration Form A (or a list of clients including addresses and telephone numbers. Ensure Employer name is on form and that it is signed and dated)
<input type="checkbox"/> Professional/Managerial: Certified copies of qualifications	<input type="checkbox"/> If regulated by CIMA: Written approval for Senior Finance/Banking professional (e.g. Managing Director, CEO)
<input type="checkbox"/> Nurse/ Health Practitioner: Approval from Health Practitioner's Board	<input type="checkbox"/> Veterinary: Approval from Veterinary Board
<input type="checkbox"/> Electrical: Certified copy of license from Electrical Board of Examiners and the ratio of Electricians to apprentice/wiremen	<input type="checkbox"/> Driver: Certified copy of of license from the Public Transport Board for the appropriate category of vehicle
<input type="checkbox"/> Diving: Certified copy of PADI/NAVI qualifications	<input type="checkbox"/> Skilled/Supervisory: Certified copies of qualifications and detailed list of skills
<input type="checkbox"/> Plumbing: Certified copy of license from Water Authority	<input type="checkbox"/> Employment Agency: Proof of past and future employment for the applicant
<input type="checkbox"/> Domestic, nanny or caretaker: Certified copies of birth certificates of children to be cared for.	<input type="checkbox"/> Caretaker for the elderly or infirm: A Physicians letter confirming the illness if under 65 years of age (proof of age is required)
<input type="checkbox"/> Security Officer: Copy of license from the Royal Cayman Islands Police (RCIP)	<input type="checkbox"/> Farming: Certified copy of certification from the Department of Agriculture
<input type="checkbox"/> Entertainment: Approval from the Music Association	