



IMMIGRATION

CAYMAN ISLANDS

APPLICATION FOR RENEWAL OF THE CERTIFICATE FOR SPECIALIST CAREGIVER

This application should be sent to:
 The Secretary to the Work Permit Board, PO Box 1098, Grand Cayman KY1-1102
AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE SENDER

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 5 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 _____ DD/MM/YY			Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		
3. Passport no _____		Date of Issue _____ D/MMM/YY		Place of Issue _____		Date of Expiry _____ D/MMM/YY		
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 _____ D/MMM/YY		Place _____		Sentence _____	
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 The Immigration Law, Section 42(4)(b), I hereby agree to submit to being Fingerprinted/Palprinted for the purpose of identity verification and criminal checks domestically and internationally.

Signature of Prospective Employee _____

Date (DD/MM/YY format) _____



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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 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 format) _____



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Please use the checklist below to ensure that you are providing all the required documents and fees with your application

- Fees** application fee CI\$100 (original signature required) **plus** renewal 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
- 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**

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

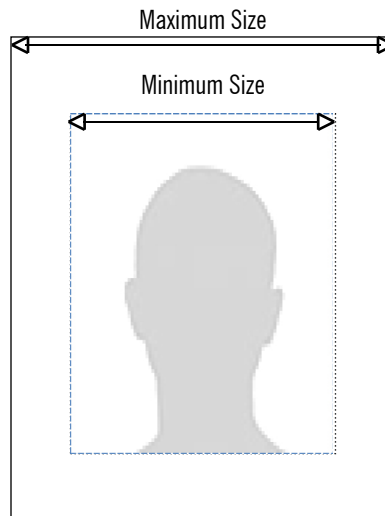


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PHOTOGRAPH TEMPLATE Applicants Only

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

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.