



IMMIGRATION  
CAYMAN ISLANDS

APPLICATION FOR GRANT 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 Female

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? Yes No

If you answered yes, please give details

Nature of offence Date D/MMM/YY Place Sentence

8. Are you presently in good health? Yes 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/Palmprinted for the purpose of identity verification and criminal checks domestically and internationally.

Signature of Prospective Employee

Date (DD/MM/YY)



GRANT APPLICATION FOR CERTIFICATE FOR SPECIALIST CAREGIVER

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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 D/MMM/YY 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?  
3. In what capacity will you employ the employee under this Certificate?

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)



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**DECLARATION**

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Signature of Prospective Employer \_\_\_\_\_

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

**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** 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
- 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**

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**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? \_\_\_\_\_  
\_\_\_\_\_

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**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? \_\_\_\_\_  
\_\_\_\_\_

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**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        

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**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

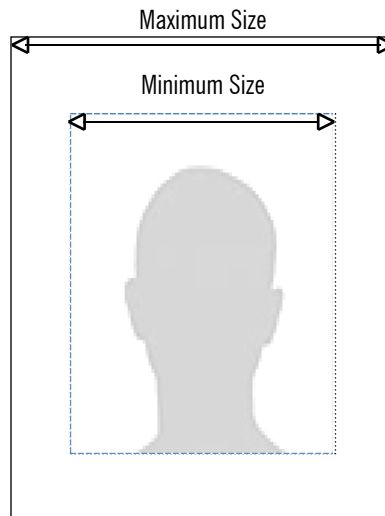


**IMMIGRATION**  
CAYMAN ISLANDS

**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.