T1

IMMIGRATION
CAYMAN ISLANDS

APPLICATION FOR A TEMPORARY WORK PERMIT

The application for the grant of a Temporary Work Permit should be addressed to:
The Chief Immigration Officer, Department of Immigration, 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 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. (iii) Temporary Work Permits are valid for periods of up to six months at the discretion of the Chief Immigration Officer and may be granted for any category of occupation. (iv) 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. (vi) For support and guidelines see the Immigration website www.immigration.gov.ky, go to Forms section, and select this form.

APPLICATION FORM CONTAINS 8 PAGES

PART 1 - To Be Completed By 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. Are you known by any other name(s)? ☐ Yes ☐ No If Yes, provide other Name(s) _____

5. Physical address (i) House No _____ (ii) Street Name _____

(iii) District _____ (iv) PO Box & KY _____ (v) Telephone _____

Do you have E-Mail? ☐ Yes ☐ No If yes, Email Address _____

6. What is your marital status? (certified copy of relevant legal document should be attached, where applicable)

☐ Single ☐ Married - Date DD/MM/YY ☐ Divorced - Date DD/MM/YY ☐ Separated - Date DD/MM/YY

Name of Spouse _____ Nationality of Spouse _____

7. Do you have any dependants (spouse, children or others) who you wish to accompany you to the Cayman Islands or are already residing in the Cayman Islands?

☐ Yes ☐ No If yes, please provide details _____

Name	Date of Birth	Nationality	Relationship	Country of Residence
	DD/MM/YY			
	DD/MM/YY			

8. (i) What position are you applying for? _____

(ii) What experience do you have which is relevant to this job? _____

(iii) How many years of this experience do you have? _____ years

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9. (i) Have you ever been charged or convicted of a criminal offence in any country, including the Cayman Islands? ☐ Yes ☐ No If yes, please provide details of ALL offences

Nature of offence	Date	Location	Verdict and Sentence
	DD/MM/YY		
	DD/MM/YY		

(ii) 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

(iii). 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 ($)
	DD/MM/YY		
	DD/MM/YY		

(iv). 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
	DD/MM/YY		
	DD/MM/YY		

10. 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

11. Since your first arrival have you at any time left the Cayman Islands for a period in excess of 1 year?
☐ Yes ☐ No If you answered yes, please give dates of and reasons for the absence

12. Have any dependants accompanying you ever been charged or convicted of a criminal offence in any country? ☐ Yes ☐ No

Nature of offence	Date	Location	Verdict and Sentence
	DD/MM/YY		
	DD/MM/YY		

13. Do you have a current appeal pending with the Immigration Appeals Tribunal? (if yes, please provide details) ☐ Yes ☐ No

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.

14. Is English your native language? ☐ Yes ☐ No

If Yes, skip to question 15.

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	☐ Yes	☐ No			DD/MM/YY	Attach a copy of your score report
c) TOEIC	☐ Yes	☐ No			DD/MM/YY	Attach a copy of your score report

15. (i) Are you in good physical and mental health? ☐ Yes ☐ No If no, please give details

(ii) Are all dependants accompanying you in good physical and mental health? ☐ Yes ☐ No If no, please give details

(iii) Have you ever tested positive for HIV or any other sexually transmitted diseases? ☐ Yes ☐ No If you answered yes, please give details

Note: If approved, the Temporary Work Permit will be subject to the following and any other additional conditions contained therein: (i) the employee is not allowed to work for any other employer or perform any other occupation other than that or those listed in this application; and (ii) the permission of the employee to remain and work in the Cayman Islands ceases in the event that the Temporary Work Permit expires, is revoked, or if their employment is terminated.

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. By signing below I also understand and accept that if this application is approved any and all conditions contained in the Temporary Work Permit must be complied with.

In accordance with The Immigration Law, 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)

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Use separate sheet of paper if necessary.

NOTES: (i) The Applicant must have a valid passport. (ii) 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. (iii) Refer to the checklist accompanying this form for additional documents required to process this application. (iv) Use separate sheet of paper, where necessary, to thoroughly answer each question.

PART 2 - To Be Completed By Employer

☐ If a company 1. Name _____

(i) Nature of Company Business _____

(ii) PO Box & KY _____ (iii) Physical address _____

(iv) Email Address _____ (v) Telephone _____

(vi) Under which Law is business licensed to operate? _____

(vii) Expiry date of current licence DD/MM/YY (viii) Licence Number _____

(ix) Is the employee a shareholder or owner of the Company? Yes ☐ No ☐

(a) If Yes, will this employee be remunerated only in the capacity of the occupation of this work permit? Yes ☐ No ☐ If No, explain _____

☐ If a personal employer 2. Name _____ (i) Date of Birth DD/MM/YY

(ii) PO Box & KY _____ (iii) Telephone/Cell _____

(iv) Personal Email Address _____ (v) Occupation _____

(vi) Employer Name _____

(vii) Employer PO Box & KY _____ (viii) Employer Telephone _____

3. Is this employee to be shared with another employer? Yes ☐ No ☐ (i) If Yes, name of additional employer _____

(ii) Date of Birth (if person) DD/MM/YY (iii) PO Box & KY _____

(iv) Telephone/Cell _____ (v) Email Address _____

(vi) Employer of additional personal employer _____ (vii) Employer Telephone _____

4. Is the Employee a family member of the Employer or additional employer? Yes ☐ No ☐ If Yes, Relationship? _____

5. State the occupation for which prospective employee is required and provide description of duties and responsibilities. _____

6. What skills, qualifications and experience are required for this position? _____

7. (i) How many persons do you currently employ? _____

(ii) Of those you currently employ, how many are Caymanian, married to a Caymanian or Permanent Residents? _____

8. Has the position been referred to the National Workforce Development Agency (NWDA)? Yes ☐ No ☐

If Yes, provide NWDA Job ID No _____

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Use separate sheet of paper if necessary.

9. How long do you wish this Temporary Work Permit to be valid for: ☐ 1 Month ☐ 2 Months ☐ 3 Months ☐ 4 Months ☐ 5 Months ☐ 6 Months

10. (i) How much will the employee receive in salary or wages? _____ ☐ per day ☐ per week ☐ per month

(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, will the employee receive? _____

11. (i) If shared, how much will the employee receive in salary or wages from the additional employer? _____ ☐ per day ☐ per week ☐ per month

(ii) What is the minimum number of hours the employee will be required to work for the additional employer? _____ ☐ per day ☐ per week ☐ per month

(iii) What other benefits, if any, will the employee receive from the additional employer? _____

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

(i) If "YES", are you aware of the requirements of the English Skills Test which must be undertaken by the prospective employee. 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?

_____

_____

Declaration

Note: If approved, the Temporary Work Permit will be subject to the following and any other additional conditions contained therein: (i) the employee is not allowed to work for any other employer or perform any other occupation other than that or those listed in this application; and (ii) the permission of the employee to remain and work in the Cayman Islands ceases in the event that the Temporary Work Permit expires, is revoked, or if their employment is terminated.

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. By signing below I also understand and accept that if this application is approved any and all conditions contained in the Temporary Work Permit must be complied with.

_____ _____

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 DD/MM/YY Reasons _____

Chief Immigration Officer _____ Date DD/MM/YY

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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.

		D/MMM/YY
Print Primary Employer Name	Primary Employer Signature Original Signature required, may be Agency Signature if Agency authorised to sign by Employer	Date (dd/mmm/yyyy)
		D/MMM/YY
Print Employee Name	Employee Signature Original signature required, cannot be Agency signature	Date (dd/mmm/yyyy)
		D/MMM/YY
Print Owner/Landlord/Rental Agent Name (if any)	Owner/Landlord/Rental Agent (if private dwelling) Original Signature required	Date (dd/mmm/yyyy)

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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, Permanent Residency and Right To Be Caymanian 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.

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TEMPORARY WORK PERMIT CHECKLIST

This list is a summary of general requirements for ALL applicants. The Chief Immigration Officer reserves the right to request additional information or documentation as he sees fit.

- ☐ 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.**
- ☐ Original Cover letter signed by Employer with detailed summary of why the work permit is required. Include employee duties & responsibilities - original signature required.
- ☐ Correct work permit fee, including non-refundable CI$70 application fee, dependant fee if applicable ☐ Express Fee (if applicable).
- ☐ If applying for a period over 3 months, original medical questionnaire, with doctor's signature & stamp, including original HIV/VDRL lab report, must be less than six months old at date of submission. (Applicants from Jamaica, Haiti, Dominican Republic, Honduras & Nicaragua will be required to **retake** HIV/VDRL when in the Cayman Islands.)
- ☐ Original signed and sealed, Police Clearance certificate - less than 6 months old, from last place of residence.
- ☐ 1 full-face passport sized photograph ☐ Copy of applicant's Resume (where applicable).
- ☐ 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.
- ☐ Where the Trade & Business licence has expired, a copy of the receipt of payment for the renewal from employer
- ☐ 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
- ☐ **Cuban National:** Certified copy of Cuban Visa

For Accompanying Dependants

- ☐ **Child(ren):** An original medical questionnaire (if over 18 years of age), a notarised birth certificate, a letter from a private school confirming registration and 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 (10) application (to coincide with spouse)**: An **affidavit** (see Immigration forms for sample) **AND** certified copy of marriage certificate

Additional Requirements By Industry			
☐	**Construction:** Completed Form A AND copies of signed contracts, from employer, redacted where appropriate	☐	**Janitorial or Gardening:** Completed Form A
☐	**Professional/Managerial:** Certified copies of qualifications	☐	**If regulated by CIMA:** Written approval for Senior Finance/Banking professional (e.g. Managing Director, CEO)
☐	**Nurse/ Health Practitioner:** Approval from Health Practitioner's Board	☐	**Veterinary:** Approval from Veterinary Board
☐	**Electrical:** Certified copy of license from Electrical Board of Examiners and the ratio of Electricians to apprentice/wiremen	☐	**Driver:** Certified copy of of license from the Public Transport Board for the appropriate category of vehicle
☐	**Diving-PADI/NAVI:** Copy of Divers Photo ID Card & Membership Status	☐	**Skilled/Supervisory:** Certified copies of qualifications and detailed list of skills
☐	**Plumbing:** Certified copy of license from Water Authority	☐	**Employment Agency:** Proof of past and future employment for the applicant
☐	**Domestic, nanny or caretaker:** Certified copies of birth certificates of children to be cared for.	☐	**Caretaker for the elderly or infirm:** A Physician's letter confirming the illness if the Infirm is under 65 years of age. Patient proof of age is required.
☐	**Security Officer:** Copy of preliminary license from the Royal Cayman Islands Police (RCIP)	☐	**Farming:** Agriculture ID Card or certified copy of certification from the Department of Agriculture, letter from Agriculture
☐	**Teachers:** Approval from Educational Council		
Entertainment Industry - Additional Requirements			
☐	**Musical and Theatric Entertainer:** Provide a demo tape/CD/DVD of show to be performed	☐	**Liquor License:** Approval for the event, if applicable
☐	**Theatrical/Stage Show:** Written approval from the Cultural Foundation	☐	**DJ/Entertainer:** Written approval from the Music Association
☐	**Event Advertising:** Provide reasonable size samples of advertising materials (e.g., flyers)		