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IMMIGRATION
CAYMAN ISLANDS

CAYMAN ISLANDS IMMIGRATION LAW SECTION 53 (2011 REVISION)

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.

APPLICATION FORM CONTAINS 5 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. Any other names known by _____ Personal Email Address: _____

5. Present address: (i) House No.: _____ (ii) Street name: _____

(iii) District: _____ (iv) P.O. Box: _____ (v) Telephone: _____

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 and nationality of spouse _____

7. List the particulars of any dependants (spouse, children or others) who you wish to accompany you to the Cayman Islands or are already residing in the Cayman Islands.

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

8. (i) Have you, or any dependant accompanying you, ever been charged or convicted of a criminal offence in any country? If so, please provde 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

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9. 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: _____

10. 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: _____

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

12. What position are you applying for? _____

13. How many years of experience and what qualifications do you have which are relevant to the job you wish to be employed i _____

14. (i) Is English your native language? ☐ Yes ☐ No (ii) If no, what is your native language? _____

(iii) Do you speak English? ☐ Yes ☐ No (iv Do you write English? ☐ Yes ☐ No

Important note: If from a non-English speaking country, the applicant will be required to undertake an English test. If the applicant receives a failing score, they will not be able to take up employment in the Cayman Islands.

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

(ii) Have you 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 (2011 Revision), 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 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

1. Employer's name _____ 2. Date of Birth DD/MM/YY

3. Nature of Business _____

4. Business Mailing Address:: (i) P.O. Box: _____ (ii) District: _____ (iii) Telephone: _____

(iv) Email Address: _____

5. Nature of business or occupation of employer _____

Name of your employer _____ Employers Address _____

Employer's telephone: _____ Personal Email Address _____

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

Expiry date of current licence DD/MM/YY Licence number _____

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

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

9. How many persons do you currently employ? _____ 10. Name of health insurance provider: _____

11. Please state how long you wish this Temporary Work Permit to be valid for: ☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months

12. (i). How much is 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) will the worker receive? _____

13. 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?

_____

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14. Please state in block letters your justification for needing to employ this person. Failure to provide an adequate explanation will result in this application being refused. If necessary, a covering letter may also be submitted:

_____

_____

_____

_____

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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 _____ Date (DD/MM/YY) Reasons: _____

Chief Immigration Officer _____ Date (DD/MM/YY) _____

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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 no leave any question blank. If a question does not apply to you, insert "not applicable" or "n/a" in the space provided.**
- ☐ Cover letter signed by Employer with detailed summary of why the work permit is required - 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 that is over 3 months, an original medical questionnaire, including the original HIV/VDRL lab report, must be less than six months old at date of submission. (Applicants from Jamaica, Haiti, Dominican Republic, Honduras and 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. (If you are a British citizen and you have been resident in the UK for the last six months we will accept an original notarized affidavit of character attesting to your criminal history).
- ☐ 1 full face passport sized photograph AND ☐ 1 profile passport sized photograph (See online guidelines) ☐ 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.
- ☐ **Cuban National:** Certified copy of Cuban Visa ☐ 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

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 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 (12) application (to coincide with spouse)**: An affidavit (see Immigration forms for sample) **AND** certified copy of marriage certificate

ADDITIONAL REQUIREMENTS BY INDUSTRY

☐	**Construction:** Copy of Immigration Form A (or a list of clients including addresses and telephone numbers) AND copies of signed contracts, from employer, redacted where appropriate	☐	**Janitorial or Gardening:** Copy of Immigration Form A (or a list of clients including addresses and telephone numbers)
☐	**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:** Certified copy of PADI/NAVI qualifications	☐	**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 Physicians letter confirming the illness if under 65 years of age (proof of age is required)
☐	**Security Officer:** Copy of license from the Royal Cayman Islands Police (RCIP)	☐	**Farming:** Certified copy of certification from the Department of Agriculture
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 samples of advertising materials (e.g. flyers)		