V3

IMMIGRATION
CAYMAN ISLANDS

CAYMAN ISLANDS IMMIGRATION LAW

APPLICATION FOR A STUDENT VISA

An application for the grant of a Student Visa should be sent to Chief Immigration Officer,
Department of Immigration, P.O Box 1098, Grand Cayman KY1-1102, CAYMAN ISLANDS.
AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE SENDER.

NOTES: (i) This form should be completed by all persons wishing to enter the Cayman Islands for the purpose of study. Please ensure that you have read the accompanying information sheet before completing this form. (ii) The form must be completed fully (even if the answer is in the negative) and in BLOCK LETTERS. An incomplete or illegible application will not be processed and will be returned to the applicant.

APPLICATION FORM CONTAINS 3 PAGES

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

2. Nationality ______ Place of Birth ______ Date of Birth ______ Sex: Male ☐ Female ☐

3. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

4. Passport number ______ Place of Issue ______ Date Issued ______ Expiry Date ______

5. Mailing address: ______
PO Box District/City Country Postal Code

(i). Physical address: ______
House/Apartment # Street Name District/City Country

(ii) Telephone (Landline): ______ (iii) Telephone (Mobile): ______ (iv) Email Address: ______

6. Why do you wish to study in the Cayman Islands? ______

7. Name of educational establishment where you wish to study ______

8. Have you been accepted by this educational establishment? Yes ☐ No ☐

9. Title of proposed course of study ______

(i) Duration of proposed course of study ______ (ii) How many hours of classroom study per week will you be required to undertake? ______

(iii) When does the course begin? ______ (iv) When does the course end? ______

10. How long do you propose to remain in the Cayman Islands? ______

11. Do you intend to leave the Cayman Islands at the end of the period of study? Yes ☐ No ☐

12. Do you wish to be accompanied by dependant(s) whilst studying in the Cayman Islands? Yes ☐ No ☐

If so, please provide details:

Name	Date of Birth D/M/Y	Nationality	Relationship	Country of Residence

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13. Please provide details of how your study and stay in the Islands is being funded?

14. Have you or any of your dependants accompanying you ever been convicted of a crime or sentenced to any term of imprisonment? Yes ☐ No ☐

If Yes, please provide details:

15. Do you or any of your dependants accompanying you suffer from any disease or infirmity of mind and body? Yes ☐ No ☐

If Yes, please provide details:

16. Where will you and any accompanying dependant(s) reside whilst in the Cayman Islands?

17. How much does this accommodation cost per month (including utilities)?

18. 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 your reply to question 5a?

From	To	Address

19. Please provide the details the the last educational institution you attended.

From	To	Course/Qualification	Name of Institution	Address of Institution

20. Are you a native English speaker? Yes ☐ No ☐

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

Signature of prospective student

Date

IMMIGRATION
CAYMAN ISLANDS

CAYMAN ISLANDS IMMIGRATION DEPARTMENT GUIDELINES TO MEDICAL PRACTITIONERS

MEDICAL EXAMINATIONS FORM

1. Medical examinations are required on initial application for work permit and once in every three years thereafter.
The Immigration Department reserves the right to require medical examinations at any time.

2. Laboratory tests have to be repeated with each medical examination. Chest X-rays are required once in every five years.
For practical purposes, for renewal application a chest x-ray is not required if the previous x-rays were done within 4 years of application.

3. Laboratory reports have to be attached for HIV and VDRL tests.

4. Medical practitioners are advised to perform any tests that might be desirable depending on the disease prevalence in the respective countries.

MEDICAL FORM CONTAINS 3 PAGES

PART 1

QUESTIONNAIRE (TO BE COMPLETED BY APPLICANT)

1. (a) Surname (Last Name) ____ Maiden Name ____ Given Names (First Names) ____

(b) Nationality ____ (c) Country of Birth ____ (d) Date of Birth ____ (e) Passport number ____

(f) Marital Status Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single ☐

2. Have You Ever Had Or Currently Have	Yes	No
(a) Nervous or mental trouble	☐	☐
(b) Fits or convulsions?	☐	☐
(c) Heart trouble or raised blood pressure?	☐	☐
(d) Lung tuberculosis, Asthma or hay fever?	☐	☐
(e) Contact with a case of tuberculosis?	☐	☐
(f) Frequent or prolonged indigestion?	☐	☐
(g) Malaria, dysentery or any other tropical illness?	☐	☐
(h) A sexually transmitted disease?	☐	☐
(i) Eye trouble?	☐	☐
(j) Any serious operation?	☐	☐
(k) Diabetes?	☐	☐
(l) Rheumatic Fever?	☐	☐
(m) Family history of mental trouble, suicide, fits, any kind of tuberculosis, diabetes or raised blood pressure?	☐	☐
(n) Any illness or injury not mentioned above?	☐	☐
(o) A physical defect?	☐	☐
3. Do you take alcohol or habit forming drugs?	☐	☐
4. Have you ever applied for or received disability benefits?	☐	☐

If you have answered yes in questions 2,3 or 4, please provide details ____

5. Are you now in good health? Yes ☐ No ☐ If no, give details ____

6. Are you now pregnant? Yes ☐ No ☐ Not Applicable ☐ If yes, how many months ____

Date ____ Signature of Applicant ____

Date ____ Medical Examiner ____

MEDICAL EXAMINATIONS FORM

PART 2

MEDICAL EXAMINATION (TO BE COMPLETED BY MEDICAL EXAMINER)

	Yes	No
1. Is the Examinee personally known to you?	☐	☐
If no, did you check ID?	☐	☐

2. Height ________ feet ________ in. Weight ________ lbs. (in under clothes) Waist ________ in.

Chest measurements on respiration ________ in, on expiration ________ in.

3. Blood pressure (two readings: at rest(sitting) ________ lying down ________) 4. Pulse rate ________

4. Date and report of last E.C.G. if any ________

5. Are the following free from any pathological condition or abnormality;

	Yes	No
(a) Skin	☐	☐
(b) Throat & Mouth	☐	☐
(c) Eyes	☐	☐
(d) Ears	☐	☐
(e) Nose	☐	☐
(f) Abdomen	☐	☐
(g) Cardiovascular System	☐	☐
(h) Respiratory System	☐	☐
(i) Locomotor System	☐	☐
(j) Nervous System	☐	☐
(k) Genito-Urinary System	☐	☐

If you answered “no” to any of the above questions, please provide details ________

6. Is the examinee on any drug therapy at present? ____ if yes, give details ________

7. Give details of any operations ________

8. Medical conditions a) ________ b) ________

c) ________ d) ________

Date of Examination ________ Signature Medical Examiner ________

MEDICAL EXAMINATIONS FORM

PART 3

XRAY AND LABORATORY INVESTIGATIONS (TO BE COMPLETED BY MEDICAL EXAMINER)

(a) Hospital Xray No. ______ Date ______ Result ______

(Must have been done within 6 months of initial application and within 4 years of renewal application)

(b) Urine: Date ______ Albumin ______ Sugar ______

(c) Blood Tests (attach laboratory reports)

TESTS	DATE	RESULT
VDRL		
HIV SCREEN		

(Test must have been done within 3 months of application. The Immigration Department reserves the right to request application to repeat these tests in the Cayman Islands)

(d) Other tests (depending on history and disease prevalence in the country of origin)

TESTS	DATE	RESULT

Name and address of Medical Examiner in BLOCK Capitals

______

Qualifications ______ Medical Registration Number ______

Address of Registering body ______

Date of Examination ______ Signature Medical Examiner ______

FOR OFFICIAL USE ONLY

Attach Passport Photos Here

Place passport-sized photo here (Front View)	Place passport-sized photo here (Side View)