

FOOD BUSINESS REGISTRATION FOR CHILDMINDERS OPERATING FROM DOMESTIC PREMISES

(Regulation (EC) No. 852/2004 on the Hygiene of Foodstuffs, Article 6(2))

INSTRUCTIONS FOR COMPLETION OF THE FORM

Childminders with limited food activities should complete **SECTIONS A and B**, sign the bottom of the form and then send it to your local authority (contact details can be found on <http://www.food.gov.uk/enforcement/enforceessential/yourarea>).

Childminders with more extensive food activities should complete **SECTIONS A and C**, sign the bottom of the form and then send it to your local authority.

Please Note: Childminders that do not do either food activities detailed below **do not** require to return the form to the local authority.

SECTION A Food Business Details			
Name of the food business operator (owner)			
Address of the food business			
Post code			
Telephone number			
E-mail address (if applicable)			
How many children do you look after?	Average per day		Maximum at one time
What is the age range of the children?			
Which type of water supply do you have?	MAINS	PRIVATE	

SECTION B TO BE COMPLETED BY CHILDMINDERS WITH LIMITED FOOD ACTIVITIES (please circle the options that apply)
<ul style="list-style-type: none"> a. Provision of mains drinking water. b. Provision of crockery and cutlery for use by children to eat their own packed lunches. c. Provision of chilled storage for packed lunches that belong to the children. d. Occasional assistance to children with cutting up their own food in response to individual need rather than as an established service. e. Occasional provision of food that is not part of the normal service (e.g. a cake to celebrate a child's birthday or provision of food where a parent/guardian has been delayed). f. Operating in the child's own home and serving food that belongs to the child's parent/guardian e.g. nannies and home child carers.
Please now sign the bottom of this form and send it to your local authority

SECTION C TO BE COMPLETED BY CHILDMINDERS WITH MORE EXTENSIVE FOOD ACTIVITIES		
Do you provide drinks and snacks only?	YES	NO
Additional information		
Do you prepare or provide meals?	YES	NO
Have you received food hygiene training?	YES	NO
Please circle any of the following foods you either prepare or provide: <ul style="list-style-type: none"> • Formula Milk • Sandwiches • Dairy Products • Salads 	<ul style="list-style-type: none"> • Cooked Meats • Raw Meat/poultry • Eggs • Other foods (please specify)..... 	
Please now sign the bottom of this form and send it to your local authority		

Signature of the food business operator (Owner).....Date.....

Name (BLOCK CAPITALS).....