

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

Consider if your food activities are limited to those included in **SECTION A**. If they are you are not required to register as a food business with your local authority **Please do nothing more.**

Childminders with more extensive food activities should complete **SECTION B**, sign the bottom of the form and then send it to your local authority, do not send it to Food Standards Scotland. Contact details can be found on: Foodstandards.gov.scot/contact-us/local-authorities

SECTION A IF YOUR FOOD ACTIVITIES ARE LIMITED TO THIS LIST - YOU DO NOT NEED TO REGISTER AS A FOOD BUSINESS, DO NOT COMPLETE THIS FORM OR SEND IT TO YOUR LOCAL AUTHORITY			
<p>a. Provision of mains drinking water.</p> <p>b. Provision of crockery and cutlery for use by children to eat their own packed lunches.</p> <p>c. Provision of chilled storage for packed lunches that belong to the children.</p> <p>d. Occasional assistance to children with cutting up their own food in response to individual need rather than as an established service.</p> <p>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).</p> <p>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.</p>			

SECTION B TO BE COMPLETED BY CHILDMINDERS WITH MORE EXTENSIVE FOOD ACTIVITIES			
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	
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.
 Do not send this form to Food Standards Scotland as this will result in a delay in processing it.
 Local Authority contact details can be found on our website at Foodstandards.gov.scot/contact-us/local-authorities

Signature of the food business operator (Owner)..... **Date**.....
Name (BLOCK CAPITALS).....