



MINISTRY OF LABOUR AND SMALL ENTERPRISE DEVELOPMENT

International Waterfront Centre, Tower C, Levels 5 & 6
1 Wrightson Road, Port of Spain, Republic of Trinidad and Tobago
Phone: (868) 625-8478 Fax: (868) 627-9401
Website: www.molsmed.gov.tt

LABOUR INSPECTORATE UNIT

Phone: (868) 299-0300/ 2068 Email Address: domesticworkers@gov.tt.

Domestic Worker Registration Form

Date / ... /

NIS number _____

Official Use Only

Name

.....

1. Address

.....

.....

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Telephone (Household) _____ (Cell) _____

Email address _____

Please Select One and Tick

2. Sex Male Female

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3. Educational Attainment: Primary Secondary Other

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If Other, please specify
(Examples: Training in Arts & Craft, Certificate in Plumbing, etc.)

Please turn over

4. **Age Group:** 15-24 years old 25-34 years old
 35- 44 years old 45-54 years old
 54-64 years old 65 years and over

5. **Marital / Union Status:**

- Single Married Common Law Divorced Widowed

- b. Do you have any children? Yes No

c. **If Yes**, state how many

6. **Conditions of Employment:**

- a. Are you presently employed? Yes No

b. If yes, state present occupation _____

If no, state past occupation _____

c. What are/were your duties? _____

(Examples: Cooking, Baby-Sitting, Care-Giving for the Elderly, etc.)

7. **Please fill out the appropriate information if applicable**

- a. Hours of Work to
 i. (Example: 8am to 3pm)
- b. Day(s) Worked per Week
- c. Salary \$..... per (week/fortnight/month)
 a. (Example: \$200 per week)
- d. Sick Leave (days per year)
- e. Vacation Leave (days per year)
- f. Maternity Leave (weeks per year)

Thank you for your cooperation, all information shall remain confidential