

PART II

(To be completed by employer only)

- 21. Name and address of employer
- 22. Type of business or occupation carried on in Saint Vincent and the Grenadines
- 23. Date when such business or occupation started in Saint Vincent and the Grenadines
- 24. Is such business or occupation registered as a Company, Partnership or registered under the Business Names Act.
Please state dates of Registration
- 25. State (1) Total Number of employees employed

 - (2) Number employed in each category at (a), (b), (c) or (d)
 - (a) Managerial
 - (b) Professional
 - (c) Technical. ..
 - (d) Otherwise.
 - (3) Total number of employees belonging to Saint Vincent and the Grenadines
 - (4) Number of persons belonging to Saint Vincent and the Grenadines employed in each category at (2) above
 - (5) Number of Commonwealth Citizens employed—set out amount employed in each category at (2) above
 - (6) Number of Foreign Nationals employed—set out amount and number employed in each category at (2) above

- 26. Description of post to be followed by applicant referred to in Part I full details of duties involved.
.....
- 27. Proposed period for which work permit is desired-
From To
- 28. Steps taken to fill the position referred to at paragraph 25.
 - (a) Advertisement
 - (1) Local
 - (2) Abroad
 - (3) Name of paper/magazine/periodical of Agency
 - (b) Use of circular/or enclosure to High Commissioners
 - (c) Personal contact or introduction
 - (d) Requisition from Labour Department
 - (e) Other sources.
- 29. What programme (if any) has employer instituted for training of persons belonging to Saint Vincent and the Grenadines—Give details of programme .with dates and other relevant information.
.....
.....
.....

.....
Signature of Employer