



To the employer:

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Return the completed form to:

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The client named below has requested a Transition to Work Grant for personal protective equipment and/or other job-related equipment or clothing. They have advised that they require this for their employment with you. Please verify that these items are required for this position, and that you are not required to provide them under the Health and Safety at Work Act 2015.

Transition to Work Grants cannot be paid for any clothing or equipment that you as their employer are required to provide under that Act.

Please complete this form and send it back to us by     
Day Month Year

If you have any questions please contact me. Thank you.

MSD staff member's name:

Phone number ( )  Fax number ( )

Email address

## Person's details

**Client number**

|  |

**Person's full name**

First and middle names

Surname or family name

**Date of birth**

Day Month Year

## Items needed

**Please list the personal protective equipment and/or other job-related equipment of clothing that is required.**

## Written permission

**I give the Ministry of Social Development (or my Contracted Service Provider) permission to get this information from the employer named above.**

Client's signature

Date

Day Month Year

# Employer to complete

## Items needed

1

What personal protective equipment and/or other job-related equipment or clothing does the client require?


2

Why are you not providing these items?


## Signature

- I confirm that I am not required to provide any of the items I have listed in question 1 under the Health and Safety at Work Act 2016.
- The information I have provided is true and complete.
- I have authority to provide information for this business/company.

Business/company name

Contact person's name

Contact person's telephone number

Contact person's email address

Employer's or delegated person's signature

Date

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Day      Month      Year