

# Pregnancy Accreditation Programme

## Application Form

### Company details

Company name: .....

Contact Name: .....

Contact Title: .....

Address: .....

..... Postcode: .....

Telephone: ..... Fax: .....

Email: .....

Registered charity number (if applicable): .....

Number of sites or locations accreditation will cover: .....

Current number of female employees of child-bearing age (16-45): .....

Number of women in your employment who took maternity leave in the previous calendar year: .....  
(or an average from the last three years if no one took leave in the last calendar year)

### Accreditation Criteria

#### Please answer the following questions:

- 1.** Do you provide all legally required information to you pregnant employees (for example by providing a copy of your maternity policy) and undertake all legally required duties in accordance with current UK maternity law? Yes  No
- 1a.** Please indicate how this information is circulated to your employees:  
Maternity pack  Intranet  Staff handbook  Other: .....
- 2.** Does your maternity policy allow your pregnant employees paid time off to attend ante-natal appointments at a time convenient to the employee, including an allowance for travel time? Yes  No
- 3.** Do you undertake risk assessments for all pregnant employees? Yes  No
- 3a.** Do you review the risk assessments as the pregnancy progresses? Yes  No
- 4.** Does your organisation provide a non-smoking work environment? Yes  No
- 5.** Does your organisation encourage women to take a break when necessary? Yes  No
- 5a.** Does your organisation provide a smoke-free area, where pregnant employees can rest comfortably away from their desks, at all sites?  
(Rest areas could be, for example, first aid rooms, an area of the canteen or reception). Yes  No

## Declaration

I declare that the information I have provided, verified and appended is true and accurate to the best of my knowledge.

I agree to seek permission from Tommy's, the baby charity, before engaging in any publicity surrounding membership of the Tommy's Pregnancy Accreditation Programme or my organisation's association with the charity. This includes use of the Pregnancy Accreditation Logo, Tommy's wordmark, or Tommy's logo in any publicity or advertising materials in the public domain.

I agree to distribute Tommy's Guide to a Working Pregnancy to all pregnant employees and their line managers when the employee notifies the organisation that she is pregnant.

Signed: ..... Print Name: .....

Position: ..... Date: .....

Please return this form to Tommy's, the baby charity, along with copies of the following information:

1. Current Maternity Policy
2. Managers Handbook / copies of literature given to line managers to explain the maternity policy
3. Copies of any leaflets regarding pregnancy, pregnancy health and maternity provisions that your company distributes to pregnant employees
4. Any relevant induction materials given to new employees

Please return this form to the following address:

**Tommy's Pregnancy Accreditation Programme, Nicholas House, 3 Laurence Pountney Hill, London EC4R 0BB.**

Please contact the corporate team on **020 7398 3420** if you have any queries about completing the application form.