

Smoke-free Haringey Awards Application Form

Please fill in your details on the form below to apply for a Smoke-free Haringey Award.

Name of applicant: _____

Business name : _____

Address : _____

Postcode: _____

Telephone: _____

Email: _____

Type of premises

- Workplace, please specify: _____ (e.g. office, factory etc)
- Eating establishment
- Pub or club
- Other, please specify: _____
(e.g. hair dresser, shop, hotel)

Number of employees

- Less than 10
- 10 - 50
- 50 - 250
- More than 250

Is smoking permitted anywhere inside your premises?

- Yes No

If the answer is yes, please specify: _____

Does your business/organisation provide exterior smoking areas?

- Yes No

If the answer is yes, please specify: _____

Do you have a separate written policy regarding smoking?

- Yes No

Does your business/organisation offer appropriate stop smoking information and support to employees that may wish to quit?

- Yes No

If the answer is no, would you like further information about information and support that is available locally?

- Yes No

Where did you hear about Smoke-free Haringey?

- On the internet
- Advertising in local papers
- Mail -out
- Other, please specify: _____

**Thank you for completing this short application for a
Smoke-free Haringey Award**

Completed application forms can be submitted via email to smokefreeharingey@quitsmoking.uk.com, or posted to:

Caroline Hulett
Smoke-free Haringey
Block 6, 1st Floor
St Ann's Hospital
St Ann's Road
Tottenham
N15 3TH