THE RECRUITMENT OF WORKERS ACT

Regulations made by the Minister under section 11 of the Recruitment of Workers Act

1. These regulations may be cited as the Recruitment of Workers Act (Amendment) Regulations 2004.

2. In these regulations-

"principal regulations" means the Recruitment of Workers Regulations 2004.

3. Regulation 2 of the principal regulations is amended by adding in. their appropriate alphabetical place the following new definitions, the full stop at the end of the definition of "non-citizen" being deleted and replaced by a semi-colon accordingly-

"quarter" means the period of three months ending on the 31st March, the 30th June, the 30th September or the 31st December, in any year;

"vacancy" means a local or overseas vacancy.

4. Regulation 12 of the principal regulations is revoked and replaced by the following new regulation-

12. (1) Every licensee shall, within 2 working days of receiving a written request by an employer for recruitment, notify the vacancy to the licensing authority in the form set out in the Fifth Schedule.

(2) Every licensee shall, within 10 days of the expiry of each quarter, submit to the licensing authority-

(a)  a consolidated return in the form setout in the Sixth Schedule in relation to vacancies notified by employers;

(b)  a return in the form set out in the Seventh Schedule in relation to -

(i) citizens of Mauritius placed in employment in Mauritius;

(ii) citizens of Mauritius placed in employment abroad;
(iii) non-citizens placed in employment in Mauritius.

5. The principal regulations are amended by adding immediately after the Fourth Schedule, the Fifth, Sixth and Seventh Schedules set out in the Schedule to these regulations.

6. These regulations shall come into operation on 15 May 2004.

Made by the Minister on 3 May 2004.

SCHEDULE
(regulation 5)
FIFTH SCHEDULE
(regulation 12 (1))

NOTIFICATION OF VACANCIES

Year............................................................................................................................................................................
Address (optional)........................................................................................................................................................
Fax: (optional)......................................................................................................................................................... Fax: (optional)
Economic activity..........................................................................................................................................................
Occupation:............................................................................................................................................................
Number of posts: Male..............................................................Female: ............................................................
Site of Work:............................................................................................................................................................
Academic Qualifications needed:
Subjects:.............................................................................................................................................................
Technical:.............................................................................................................................................................
Subjects:.............................................................................................................................................................
Professional............................................................................................................................................................
Subjects:.............................................................................................................................................................
Experienced needed:..............................................................................................................................................
Salary offered: (optional).
Fringe benefits: Subjects:........................................................................................................................................
Other information:....................................................................................................................................................
Deadline for application:........................................................................................................................................
Can licensing authority post full details onto the Internet and other computer networks?  Yes / No
SIXTH SCHEDULE
(regulation 12 (2) (a))

CONSOLIDATED RETURN

Consolidated return of local and overseas vacancies notified for period:

……………………………………………………………………

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Number of vacancies notified</th>
<th>Country of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date:………………………..
Name of Licensee:……………………………………………………………………………………………………………………
Signature:………………………………………..Tel number:……………………………………….

Date:………………………..
Name of Licensee:……………………………………………………………………………………………………………………
Signature:………………………………………..Organisation:………………………………………………………………………………………………
Tel Number:………………………………………..Fax Number:………………………………………………………………………………………………

SEVENTH SCHEDULE
(regulation 12 (2) (b))

(1) Return of particulars of citizens of Mauritius placed in employment in Mauritius

Return of placement made in Mauritius of citizens of Mauritius, for period:
……………………………………………………………………………………………………
### Return of particulars of Citizens of Mauritius placed in employment abroad

Return of placements made abroad of citizens of Mauritius, for period:

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Number placed</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date:........................

Name of Licensee:.............................................................................................................................

Signature:................................................................. Organisation:.................................................

Tel Number:............................................................. Fax Number:..................................................

### Return of particulars of non-citizens placed in employment in Mauritius.

Return of particulars of non-citizens placed in employment in Mauritius for period:

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Number placed</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date:........................

Name of Licensee:.............................................................................................................................

Signature:................................................................. Organisation:.................................................

Tel Number:............................................................. Fax Number:..................................................

### Return of particulars of non-citizens placed in employment abroad

Return of placements made abroad of non-citizens, for period:

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Number placed</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date:........................

Name of Licensee:.............................................................................................................................

Signature:................................................................. Organisation:.................................................

Tel Number:............................................................. Fax Number:.....................................................
<table>
<thead>
<tr>
<th>Occupation</th>
<th>Number Placed</th>
<th>Nationality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date:…………………………….

Name of Licensee:.................................................................................................................................

Signature:......................................................... Organisation:.................................................................

Tel Number:......................................................... Fax Number:.................................................................