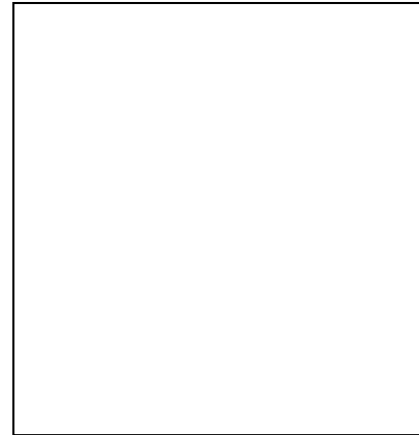


The Children and Young Peoples Service  
Education Welfare

**APPLICATION FORM FOR  
CHILD EMPLOYMENT LICENCE No**



**1. TO BE COMPLETED BY PARENT / GUARDIAN**

Full Name of Child: ..... Date of Birth: .....

Address: .....  
.....

School:.....

**2. TO BE COMPLETED BY THE EMPLOYER**

Company Name: .....

Company Address: .....  
.....

Nature of Business: .....

Address of Employment If Different From Above: .....  
.....

Nature of Proposed Employment for the Child: .....

Days and Times of Proposed Employment

a) Term Time between the hour of:

Monday ..... and .....  
Tuesday ..... and .....  
Wednesday ..... and .....  
Thursday ..... and .....  
Friday ..... and .....  
Saturday ..... and .....  
Sunday ..... and .....

b) School Holidays between the hours of:

Monday ..... and .....  
Tuesday ..... and .....  
Wednesday ..... and .....  
Thursday ..... and .....  
Friday ..... and .....  
Saturday ..... and .....  
Sunday ..... and .....

\* I enclose a copy of an appropriate Risk Assessment / \* I certify that an appropriate Risk Assessment has been carried out, relating to the above employment.

Signature of Employer: ..... Date: .....

Name (in block letters): .....Tel. No. ....

**THIS LICENCE IS ISSUED UNDER THE CHILDREN AND YOUNG PERSONS ACTS OF 1933-1963 (AS AMENDED) AND HARINGEY COUNCIL BYELAWS WITH RESPECT TO THE EMPLOYMENT OF CHILDREN. THIS EMPLOYMENT OF THE NAMED CHILD AT THE NAMED EMPLOYER DURING THE TIMES STATED, IS PERMITTED UNDER THE ABOVE ACTS AND BYELAWS**

Signed: ..... Date:  
For the Director Of Education

NOTE ; THIS EMPLOYMENT LICENCE SHOULD BE EITHER CARRIED BY THE EMPLOYEE OR KEPT BY THE EMPLOYER AND MUST BE SHOWN ON REQUEST TO A POLICE OFFICER OR AN AUTHORISED OFFICER OF THE COUNCIL.

### APPLICATION FORM FOR CHILD EMPLOYMENT

#### 3. TO BE COMPLETED BY THE PARENT OF GUARDIAN

FULL NAME OF CHILD: .....

DATE OF BIRTH: .....

ADDRESS: .....

.....

SCHOOL: .....

I certify that the above details are correct and give my consent to the child being employed by the named employer in Section 2.

I enclose a completed Parental Declaration of Health From

Signature of Parent / Guardian: .....

Name (in block letters): .....

Relationship to Child: .....

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**4 TO BE COMPLETED BY HEADTEACHER / HEAD OF YEAR**

NAME OF PUPIL: .....

YEAR GROUP / CLASS: .....

SCHOOL: .....

I agree for the named child being issued with a work permit in accordance with the Regulations.

Signature of Headteacher / Head of Year: .....

Name (in block letters): .....

**Note: This work permit can be rescinded if the pupil's attendance or their ability to benefit from the education offered suffers.**

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Please return the completed application form and 2 passport sized photographs to: **Iain Nicholson, Education Welfare, The Children and Young Peoples Service, Professional Development Centre, Downhills Park Road, Tottenham, London, N17 6AR Tel: 020 8489 3477**