

The Children and Young Peoples Service

APPLICATION FORM FOR CHILD EMPLOYMENT

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:

b) School Holidays between the hours of:

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

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.

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:

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Note: This work permit can be rescinded if the pupil's attendance or their ability to benefit from the education offered suffers.

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**