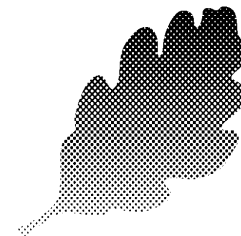


Midlothian Council

Children, Young People & Partnership

Child Employment Permit - Application Form



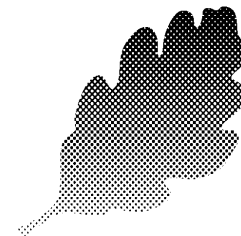
Part 1 – (For completion by Employer)

| | |
|--|---------------------------------|
| Name of Applicant (seeking the Child Employment Permit) | |
| Name of Organisation (seeking Child Employment Permit) | |
| Position in Organisation | |
| Organisation's Address | Fill out all boxes below |
| Number/Street Name | |
| Locality | |
| Town | |
| Postcode | |
| Telephone Number | |
| Email address | |

| | |
|-----------------------|---|
| Nature of business | |
| Place of employment | |
| Address of employment | Fill out all boxes below (if different from above) |
| Number/Street Name | |
| Locality | |
| Town | |
| Postcode | |
| Telephone Number | |

| | |
|--|---------------------------------|
| Full name of child (you're looking to employ) | |
| Child's DOB | |
| Address (of child) | Fill out all boxes below |
| Number/Street Name | |
| Locality | |
| Town | |
| Postcode | |

| | | | | | | |
|--|---------------------------|----------------------------|-------------------------|---------------------------|----------------------------|-------------------------|
| Employment start date | | | | | | |
| Please detail below, days and times including allocated break times and duration | | | | | | |
| | AM from (24hr) | Allocated break | Am to (24hr) | PM from (24hr) | Allocated break | PM to (24hr) |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |



Part 1 continued – (For completion by Employer)

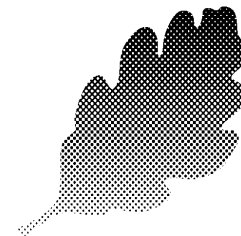
| | | |
|--|------------|-----------|
| Have you undertaken a risk assessment specifically related to the duties and tasks associated with the child's proposed employment? | YES | NO |
| Have you communicated the findings of the risk assessment, along with any protective/preventative measures to be taken, to the parent(s) or carer(s) of the child? | YES | NO |
| I confirm that I shall employ the child as I propose on this application, and I shall observe all the conditions of the relevant byelaws if I receive a child employment permit. | | |
| Name of employer (print) | | |
| Signature of employer | | |
| Date | | |

Part 2 - (For completion by the child)

| | |
|--|--|
| I am aware of the nature of the proposed employment and support this request for an employment permit. | |
| Name of child (print) | |
| Signature of child | |
| Date | |

Part 3 – (For completion by Parent(s)/Carer(s))

| | |
|--|--|
| Full Name of (parent/carer) | |
| Relationship to child | |
| Address (of child) | |
| Number/Street Name | |
| Locality | |
| Town | |
| Postcode | |
| Contact Number | |
| Email address | |
| I confirm that I have received sufficient information from the employer, including an assessment of the risks to which my child will be exposed whilst performing the duties and tasks associated with the proposed employment and details of any protective/preventative measures the employer will take. I agree to the employment of my child as proposed in Part 1 of this application and confirm that they in good health for such employment. | |
| Name of Parent/Carer (print) | |
| Signature of Parent/Carer | |
| Date | |



Part 4 – (For completion by Head Teacher)

| | | | |
|--|--|------------|-----------|
| Name of attending school | | | |
| Childs current Year group | | | |
| Is the date of birth for the child as given by the employer, correct? | YES | NO | |
| Is the proposed employment likely to have any detrimental effect on the ability of the child to obtain the full benefit of school education? | YES | NO | |
| Do you approve of this application? | YES, *Subject to medical report | YES | NO |
| I have checked that the employer has undertaken a risk assessment and has communicated the findings to the parent(s) or carer(s) of the child. | | | |
| Name of Head Teacher (print) | | | |
| Signature | | | |
| Date | | | |

Part 5 – (For completion by a medical officer, where applicable)

| | |
|--|--|
| *Report on fitness of child for proposed employment. | |
| | |
| Name of Medical Officer | |
| Signature | |
| Date | |

Documents Attached

Child Employment Policy (5th Revision July 2024)
 Child Employment Byelaws (5th Revision July 2024)
 Government Guidance (Aug 2017)

Further information

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 Midlothian Council
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