



Child Employment Permit Application

Part 1 (for completion by employer)

Name of school that child normally attends

Full name of child

Date of birth of child

Home address of child

.....

Name and address of business

.....

Nature of business

Place of proposed employment

Nature of proposed employment

Work hours on school day mornings From To

Work hours on school day afternoons From To

Work hours on non-school days except Sundays From To

Meal breaks on non-school days except Sundays From To

Work hours on Sunday mornings From To

Work hours on Sunday afternoons From To

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.

Signature of employer

Date of signature

* Delete as appropriate

Part 2 (for completion by child)

I am aware of the nature of the proposed employment and support this request for an employment permit.

Signature of child

Date of signature

Part 3 (for completion by parent or carer)

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.

Signature of father/mother/carer*

Date of signature

Part 4 (for completion by Head Teacher)

Child's present class (year and course)

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/NO/YES, SUBJECT TO MEDICAL REPORT*

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.

Signature of Head Teacher

Date of signature

Part 5 (for completion by a medical officer, where appropriate)

Report on fitness of child for proposed employment

Signature of medical officer

Date of signature

*Delete as appropriate