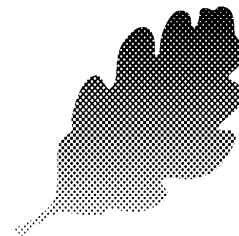


Midlothian Council

Children, Young People & Partnership

Child Employment Permit - Application Form



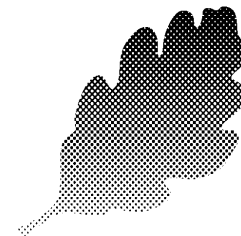
Part 1 – (For completion by Employer)

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)

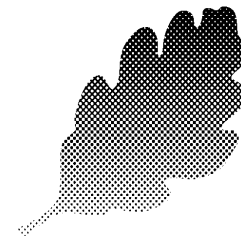
Have you undertaken a risk assessment specifically related to the duties and tasks associated with the child's proposed employment?	YES	NO
Have you communicated the findings of the risk assessment, along with any protective/preventative measures to be taken, to the parent(s) or carer(s) of the child?	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 (4th Revision July 2016)
 Child Employment Byelaws (4th Revision July 2016)
 Child Employment Information (July 2016)
 Government Guidance (Aug 2017)

Further information

Child Employment
 Midlothian Council
 Education, Communities and Economy
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 EH22 3ZG

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