

**FAMILY SERVICES
EDUCATION WELFARE SERVICE**

CHILD EMPLOYMENT – APPLICATION FOR A WORK PERMIT

This form is to be used by employers who wish to employ any child of compulsory school age on a part-time basis out of school hours. Please complete and return the form within one week of employing the child.

PART 1 – To be completed and signed by the Employer

Name of Business		
Name of Proprietor or Manager		
Business Address		
Post Code	Tel No.	Email
Nature of Business		

I confirm that I wish to employ a school-age child as detailed below.

Nature of child's duties							
Place of child's employment							
Start date							
HOURS AND DAYS OF WORK							
SCHOOL DAYS		SATURDAYS		SUNDAYS		HOLIDAYS	
FROM	TO	FROM	TO	FROM	TO	FROM	TO

Declaration to be signed by the Employer

- I have completed a Health and Safety risk assessment in respect of this work and have notified the child's parent of any risk involved and steps taken to reduce those risks.
- I confirm that Employers' Liability (Compulsory Insurance) cover is in place
- I confirm that I will comply with all legislation relating to the employment of the child

Signature of Employer _____ **Date** _____

Please provide a copy of the Risk Assessment and Liability Insurance with this form.

Please ensure that Part 2 is fully completed before returning the form to the Child Employment Officer at the address indicated overleaf.

PART 2 – To be completed and signed by the child’s Parent or Carer

Name of Child	
Date of Birth	
Address	
	Post Code Tel No
School Attended	Year Group
Medical Details	Please give details of any regular medication your child is taking Please give details of any medical condition the child’s employer should be made aware of
Name & Address of GP	

Declaration to be signed by the Parent/Carer

- I confirm that I am the Parent or Carer of the above-named child
- I confirm that I agree to my child undertaking the work described in Part 1
- I confirm that my child is fit to undertake such work
- I confirm that my child’s school attendance will not be adversely affected

Signature of Parent _____ Date _____

Please note that your child’s school attendance and attainment will be monitored and that the work permit could be withdrawn if the child’s health or education is affected.

Please make sure all parts of the form have been fully completed. Failure to ensure that a child who is working part time has a work permit may result in prosecution and a fine of up to £1,000

Completed forms should be returned to:

**Child Employment Officer, Education Welfare Service, Block C,
Normanton Town Hall, Normanton, Wakefield WF6 2DZ
Tel: 01924 307449**

For Office Use Only

Permit No	Date Issued
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