

SERVICES FOR CHILDREN AND YOUNG PEOPLE

Work Permit Application Form



Name of applicant:

Date of birth:

Address:

.....

.....

Postcode:

Contact No.:

School

Part I – To be completed by Employer

Name and address:

.....

Telephone:

Email:

Job description of child:

Detail of hours to be worked – Term Time

| | MON | TUES | WED | THURS | FRI | SAT | SUN |
|----|-----|------|-----|-------|-----|-----|-----|
| AM | | | | | | | |
| PM | | | | | | | |

Detail of hours to be worked – Holiday Time

| | MON | TUES | WED | THURS | FRI | SAT | SUN |
|----|-----|------|-----|-------|-----|-----|-----|
| AM | | | | | | | |
| PM | | | | | | | |

Note: An employer is required by law to carry out a risk assessment of the work to be undertaken by a young person of school age prior to the commencement of such employment. The employer may be required to produce a copy of the assessment.

Declaration by Employer: I have completed a risk assessment of the job detailed above as applicable to this applicant. I am aware of the Bylaws concerning employment of Young people. The above information is true.

Contact Name:(Please print)

Position:

Signed: Date:

Start date of employment:

Part 2 – Parent/Guardian Declaration

I hereby consent to (name)

Applying for a work permit for the job as described. I am not aware of any medical problems which would affect his/her ability to carry out this work in a safe manner. I understand that should I ever become aware of such a problem, then I will notify the Services for Children and Young People immediately.

Parents name and Title:
(please print)

Parent/Guardian Signature.

Date:

The applicant is responsible for ensuring that both part 1 and part 2 of this form is fully completed before it is submitted. Do not return the form to the school.

Part 3 will be completed by the school after this application is registered.

Completed form should be returned to:

**Plymouth City Council
Services for Children and Young People
Education Welfare Services
Civic Centre
Plymouth
PL1 2AA**

PART 3 – TO BE COMPLETED BY THE SCHOOL

If the school wishes to make any observations concerning this application, especially in relation to attendance, then please enter them below.

Signed:

Position: Date:

| TO BE COMPLETED BY EWO | YES | NO |
|-----------------------------|-------|-------|
| Attendance Register Checked | _____ | _____ |
| Approval Recommended | _____ | _____ |

Signed:Date:

| Conditions and Work Hours checked (Office use only) | YES | NO |
|---|-------|-------|
| Work permit issued | _____ | _____ |

PERMIT NO: 0 8 7 9 _____

Signed:Date: