

APPLICATION FORM FOR CHILD EMPLOYMENT

1. TO BE COMPLETED BY PARENT / GUARDIAN

Full Name of Child: Date of Birth:

Address:.....

.....

School:.....

2. TO BE COMPLETED BY THE EMPLOYER

Company Name:

Company Address:.....

.....

Nature of Business:.....

Address of Employment If Different From Above:

.....

Nature of Proposed Employment for the Child:

Days and Times of Proposed Employment

a) Term Time between the hour of:

b) School Holidays between the hours of:

Monday and

Monday and

Tuesday and

Tuesday and

Wednesday and

Wednesday and

Thursday and

Thursday and

Friday and

Friday and

Saturday and

Saturday and

Sunday and

Sunday and

* I enclose a copy of an appropriate Risk Assessment / * I certify that an appropriate Risk Assessment has been carried out, relating to the above employment.

Signature of Employer: Date:

Name (in block letters): Tel. No.

3. TO BE COMPLETED BY THE PARENT OF GUARDIAN

FULL NAME OF CHILD:

DATE OF BIRTH:

ADDRESS:

.....

SCHOOL:

I certify that the above details are correct and give my consent to the child being employed by the named employer in Section 2. I enclose a completed Parental Declaration of Health Form.

Signature of Parent / Guardian:

Name (in block letters):

Relationship to Child:

TO BE COMPLETED BY HEADTEACHER / HEAD OF YEAR

NAME OF PUPIL:

YEAR GROUP / CLASS:

.....

SCHOOL:.....

I agree for the named child being issued with a work permit in accordance with the Regulations.

Signature of Headteacher / Head of Year:

Name (in block letters):

Note: This work permit can be rescinded if the pupil's attendance or their ability to benefit from the education offered suffers.

Please return the completed application form and 2 passport sized photographs to:

Iain Nicholson, Haringey Education Welfare Service, River Park House, 225 High Road, London N22 8HQ, Tel: 020 8489 3477

EDUCATION SERVICES

CHILDRENS ENTERTAINMENT AND EMPLOYMENT OF CHILDREN

PARENTAL DECLARATION OF HEALTH

Full Name of Child Date of Birth

Address:

..... Home Tel. No.....

School

1. Is this child in good health? yes / no
2. Is the child at present attending the doctor for any reason? yes / no
If YES, please give brief details-
3. Does the child have any treatment prescribed regularly by the doctor? yes / no
If YES, please give brief details-
4. Has the child ever suffered from a nervous or similar illness? yes / no
If YES, please give brief details-
5. Has the child ever suffered from tuberculosis, epilepsy or fits? yes / no
If YES, please give brief details-
6. Will the employment or hours be detrimental to the child's health? yes / no
7. Will the employment or hours affect the child's ability to take full advantage of his/her education? yes / no

The family doctor is -: Name Tel. No.

Surgery Address.....

If it is necessary for the School Medical Officer to communicate with my Doctor or Consultant, I authorise them to reply to any query concerning the child's health or medical history.

Signed Date:
Parent / Guardian

Note The Bye-Laws may still require the child to attend a medical examination arranged by the Local Authority. An entertainment licence/work permit will not be issued until the completed form has been returned to:

**Iain Nicholson, Haringey Education Welfare Service, River Park House,
225 High Road, Wood Green, London, N22 8HQ. Tel. No. 020 8489 3477**