

PART 1 - TO BE COMPLETED BY EMPLOYER

Company Name _____

Address _____

Postcode _____ Telephone _____

Contact Name _____ Job Title _____

Times to be worked by the young person (between 7am and 7pm ONLY)

	During Term Time						School Holidays		
	Mornings			Afternoons			Daily Hours		
	From	To	Hours	From	To	Hours	From	To	Hours
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday *									
(*max.2hrs)	Weekly a.m. Total			Weekly p.m. Total			Weekly Total		

Please Note

An employer is required by law to carry out a risk assessment of the work 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 the Employer

I confirm that the information above is accurate. I have completed a risk assessment of the job as described above for this applicant. I am aware of the Bylaws concerning the employment of Young People.

Signed _____ Dated _____

PART 2 - TO BE COMPLETED BY SCHOOL/COLLEGE

If the school/college has any concerns or comments concerning this application, especially in relation to attendance, please enter them below.

To be completed by the school's Attendance Officer

	YES	NO
Attendance Register checked	<input type="checkbox"/>	<input type="checkbox"/>
Approval Recommended	<input type="checkbox"/>	<input type="checkbox"/>
Signed _____	Dated _____	

PART 3 - PARENT/GUARDIAN DECLARATION

I give my consent for _____ (name) to work in the job as described within this application. I am not aware of any medical problems that would affect his/her ability to carry out this work safely.

Signed _____ Parent/Guardian

Dated _____

PART 4 - PREVIOUS EMPLOYMENT (if applicable)

Name & address of previous employer _____

Date employment terminated _____

The applicant is responsible for ensuring that all parts of this form are fully completed before it is submitted. Failure to do so will result in a delay of the Work Permit being issued.

Please return completed form to:

Attendance Improvement Service
c/o Town Hall, Castle Circus, Torquay, TQ1 3DR

Tel. No. 01803 208104

Official Use Only

Conditions and working hours checked yes no

Work permit issued yes no

Signed _____ Dated _____



CHILDREN'S SERVICES

WORK PERMIT APPLICATION

Please ensure all sections are completed before submitting this application

Name of Applicant _____

Date of Birth _____

Address _____

Post Code _____

Telephone Number _____

Name of School _____

Job Title _____

Description _____

Start Date _____