

Education Welfare Service Child Employment Permit Application

Part 1 – To be completed by the parent/carer of the child to be employed				
Child's Name	DOB	Gender:	Parent's Name(s)	Telephone Numbers

Home Address	Email

School Attending	Year Group

Ethnic origin	Child's first language	Parent's first language	Religion

Medical Declaration				
Has your child got any kind of medical condition?	Yes		No	
Is your child on any prescribed medication?	Yes		No	
Does your child have an EHC Plan or any Special Educational Needs?	Yes		No	

If you have answered 'yes' to any question above, please give more details. Please enclose the name and address of the doctor or consultant.

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I have read the details of employment and certify that there **ARE/ARE NOT ANY** (please delete accordingly) medical reasons known to me for my child not being so employed.

I confirm that I am the parent/carer of the above named child and that I give permission to them being employed. I also confirm that I have discussed a risk assessment with their employer and that my child's school attendance will not be adversely affected by them undertaking this work.

Name of Parent/Guardian	
Relationship to Child	
Date	
Signature	

OFFICIAL

Part B – To be completed by the employer

Employers Details

Name of Employer	
Name of Business	
Business Address	
Telephone Number	
Email Address	
Place of Employment (if different from address above)	

Employment Details

Child's Job Title	
Date Employment is to Commence	
Details of tasks child is to undertake	

Days and Hours of Work

	School Days		School Holidays	
	Morning	Afternoon	Morning	Afternoon
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Employers Declaration

I have carried out a Young Persons' Risk Assessment in relation to the Health & Safety Regulations (Young Persons' Regulations 1997) and comprehensible and relevant information has been shared with the person with parental responsibility for the child. I also confirm that the appropriate insurance cover is in place.

Name of Employer	
Date	
Signature	

Employers to return completed form to:
 Education Welfare Service - Room 128, The Guildhall, Alfred Gelder Street. Hull, HU1 2AA
 or email to CEE@hullcc.gov.uk

All information supplied by you in connection with this application, both now and in the future, will be processed in confidence by Hull City Council for the purpose of protecting children in employment.