

COUNCIL OF

THE ISLES OF SCILLY

Work permit application form

Name of Child...........................................................

Address....................................................................

..................................................................................

..................................................................................

Post Code.................................................................

Tel.............................................................................

E-mail........................................................................

Date of Birth.............................................................

Name of School........................................................

..................................................................................

|  |
| --- |
| IT IS IMPORTANT THAT BEFORE COMPLETING THIS FORM YOU READ THE LEAFLETA GUIDE TO CHILD EMPLOYMENT |

 PART 1 TO BE COMPLETED BY THE EMPLOYER **(Must be completed in full)**

**Name and Address of Place of employment/ Business; ...................................................................**

 **...................................................................**

 **...................................................................**

**...................................................................**

**Post code .............................**

 Tel No:................................e-mail:...............................

**Name Address of Parent Company if any …………………………………………………..**

 **…………………………………………………..**

 **…………………………………………………..**

 Tel No:................................e-mail:................

Young Persons Job Description

**............................................................................................................................................**

Date Employment Started............................................................................................

Does the Applicant have another job Yes/No/Not Known

 *(Please delete as appropriate)*

If ‘YES’ where?...................................................................................................................

Details of hours to be worked during Term Time:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | MON | TUE | WED | THUR | FRI | SAT | SUN |
| TimesFrom/to |  |  |  |  |  |  |  |
| No ofHours |  |  |  |  |  |  |  |

Details of hours to be worked during School Holidays

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | MON | TUE | WED | THUR | FRI | SAT | SUN |
| Times from/to |  |  |  |  |  |  |  |
| NO ofHours |  |  |  |  |  |  |  |

EMPLOYERS DECLARATION

I hereby make an application for a permit to employ the above-named child. I fully understand the conditions attached to the employment of the said child including the need to undertake a risk assessment in respect of the job(s) the child is to carry out and if so required provide the parents with a copy of the risk assessment and details of the steps taken to eliminate or minimise those risks. I declare that the information I have given in this form is true to the best of my knowledge and belief

**Signed..............................................Position...................................Date.................**

**Print Name.................................................................................................................**

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 problem 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 Director of Children’s Services Immediately.

**Signed.......................................................................Mother/Father/Guardian**

*(Please delete as appropriate)*

**Print Name.................................................................Date................................**

The applicant is responsible for the completion of Part 1 and 2 of the form before submitting it to the School for completion of Part 3. The School will complete part 3. The form should be forwarded to the **Licensing Officer preferably** at licensing@scilly.gov.uk alternatively at the address below:

**C/o The Licensing Department**

**Council of the Isles of Scilly**

**Wesleyan Chapel**

**St Mary’s**

**Isles of Scilly**

**TR21 0JD**

**Head Teacher or Deputy to sign before submitting**

**PART 3**

**SCHOOL ATTENDANCE CHECK**

Satisfactory Unsatisfactory

Signed.........................................................................................................

*This can only be signed by a person authorised to sign on behalf of the school.*

**SCHOOL COMMENTS**

**Recommended for Approval Yes No**

Signed.........................................................................................................

*This can only be signed by a person authorised to sign on behalf of the school.*

*This can only be signed by a person authorised to sign on behalf of the school.*

**FOR OFFICIAL USE ONLY**

PART 4

CONDITIONS AND WORKING HOURS CHECKED

**Yes No**

**Work Permit Issued by.......................................................................**

**Work Permit Number..........................................................................**

**Signed..................................................................Date.......................**

*(Can only be signed by Officer employed by the Council of the Isles of Scilly)*

**IT IS IMPORTANT THAT BEFORE COMPLETING THIS FORM YOU READ THE LEAFLET**

**‘A GUIDE TO CHILD EMPLOYMENT’**

**NOTE: NO LICENSE WILL BE ISSUED UNTIL THE FORM IS COMPLETED TO THE SATISFACTION OF**

**THE COUNCIL OF THE ISLES OF SCILLY**