

FOR OFFICIAL USE ONLY

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.

PART 4

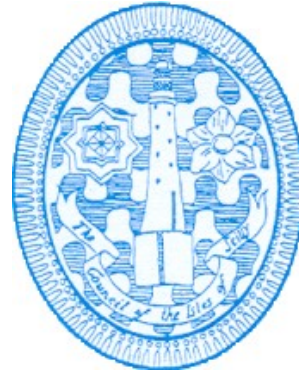
CONDITIONS AND WORKING HOURS CHECKED
Yes No

Work Permit Issued by.....

Work Permit Number.....

Signed.....Date.....

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



**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 LEAFLET
'A GUIDE TO CHILD EMPLOYMENT'**

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

Name and Address of business premises where child employed

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

Name and 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?.....

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)

Details of hours to be worked during Term Time

	MON	TUE	WED	THUR	FRI	SAT	SUN
TIMES FROM/TO							
NO OF HOURS							

Details of hours to be worked during School Holidays

	MON	TUE	WED	THUR	FRI	SAT	SUN
TIMES FROM/TO							
NO OF HOURS							

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.....

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** at the address below:

**C/o The Licensing Department
Council of the Isles of Scilly
Town Hall
St Mary's
Isles of Scilly
TR21 0LW**

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