

**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 and forward the form to the Director of Children's Services at the address below:

The Director of Children's Services  
C/o The Licensing Department  
Council of the Isles of Scilly  
Town Hall  
St Mary's  
Isles of Scilly

**NOTE: NO LICENSE WILL BE ISSUED UNTIL THE FORM IS COMPLETED TO THE SATISFACTION OF  
THE DIRECTOR OF CHILDREN'S SERVICES**