

FOR OFFICIAL USE ONLY

Part 3.

School Attendance Check

Satisfactory

Unsatisfactory

Signed

Date

If unsatisfactory, refer to EWO / School

Date referred Date returned

EWO / SCHOOL COMMENTS

Recommended for Approval

YES

NO

Signed

Date

YES

NO

Conditions and Working Hours checked

Work Permit issued

Work Permit Number

Signed

Date



DEVON COUNTY COUNCIL

**WORK PERMIT
APPLICATION FORM**

Name of Applicant

Address

Post Code

Tel No.

E-mail

Date of Birth

Name of School

IT IS IMPORTANT BEFORE COMPLETING THIS FORM THAT YOU READ THE LEAFLET "A GUIDE TO CHILD EMPLOYMENT". THANK YOU.

Part 1. TO BE COMPLETED BY THE EMPLOYER MUST BE COMPLETED IN FULL

Name and address
of business premises
where child is employed
Post Code Tel No
E-mail address
Name & address of
parent company
Post Code Tel No
E-mail address
YOUNG PERSON'S JOB DESCRIPTION
Date Employment Started
Does the applicant have another job? **Yes/No**
If Yes Where?.....

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 that 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 Local Education Authority immediately.

The applicant is responsible for ensuring that both part1 and part 2 of this form are fully completed before it is submitted.

Signed Mother/Father/Guardian
Print Name Date

Completed form should be returned to the address below:

**Bradninch Hall
Castle Street
Exeter
EX4 3PJ**

**Tel: 01392 383948
Fax: 01392 383967**