Education Services 

**APPLICATION FORM FOR CHILD EMPLOYMENT**

**1. TO BE COMPLETED BY PARENT / GUARDIAN**

**Full Name of Child: ………………………………………………. Date of Birth: …………………………**

Address:……………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

School:……………………………………………………………………………………………………………..

**2. TO BE COMPLETED BY THE EMPLOYER**

Company Name: …………………………………………………………………………………………………

Company Address:……………………………………………………………………………………………….

………………………………………………………………………………………………………………………

Nature of Business:…………………………………………………………………………………...................

Address of Employment If Different From Above: …………………………………………………………….

……………………………………………………………………………………………………………………….

Nature of Proposed Employment for the Child: ……………………………………………………………….

Days and Times of Proposed Employment

1. Term Time between the hour of: b) School Holidays between the hours of:

Monday …………. and ………….. Monday …………. and …………….

Tuesday …………. and ………….. Tuesday …………. and …………….

Wednesday …………. and ………….. Wednesday …………. and …………….

Thursday …………. and ………….. Thursday …………. and …………….

Friday ……..…….and …………. Friday ……..…….and …………...

Saturday ………….. and ………….. Saturday …………. and …………….

Sunday …………. and ………….. Sunday …………. and …………….

\* I enclose a copy of an appropriate Risk Assessment / \* I certify that an appropriate Risk Assessment has been carried out, relating to the above employment.

Signature of Employer: …………………………………………… Date: ……………………..

Name (in block letters): …………………………………………………Tel. No. ………………….

**APPLICATION FORM FOR CHILD EMPLOYMENT**

**3. TO BE COMPLETED BY THE PARENT OF GUARDIAN**

FULL NAME OF CHILD: ………………………………………………………………………………………………

DATE OF BIRTH: ………………………………………………………………………………………………………

ADDRESS: …………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………

SCHOOL: ……………………………………………………………………………………………………………….

I certify that the above details are correct and give my consent to the child being employed by the named employer in Section 2. I enclose a completed Parental Declaration of Health Form.

Signature of Parent / Guardian: ………………………………………………………………………………………

Name (in block letters): ………………………………………………………………………………………………..

Relationship to Child: ………………………………………………………………………………………………….

**-------------------------------------------------------------------------------------------------------------------**

**TO BE COMPLETED BY HEADTEACHER / HEAD OF YEAR**

NAME OF PUPIL: ……………………………………………………………………………………………………….

YEAR GROUP / CLASS: ……………………………………………………………………………………………….

SCHOOL:………………………………………………………………………………………………………………..

I agree for the named child being issued with a work permit in accordance with the Regulations.

Signature of Headteacher / Head of Year: …………………………………………………………………………..

Name (in block letters): …………………………………………………………………………………………………

**Note: This work permit can be rescinded if the pupil's attendance or their ability to benefit from the education offered suffers.**

**--------------------------------------------------------------------------------------------------------------------**

Please return the completed application form and 2 passport sized photographs to:

**Haringey Education Welfare Service, 48 Station Road,** Wood Green, London, N22 7TY**.**

**Tel. No. 020 8489 3477**

**EDUCATION SERVICES**

**CHILDRENS ENTERTAINMENT AND EMPLOYMENT OF CHILDREN**

**PARENTAL DECLARATION OF HEALTH**

**Full Name of Child .......................................................... Date of Birth ..........................

Address: .........................................................................................................................

…………............................................................ Home Tel. No.........................................

School .............................................................................................................................**

1. Is this child in good health? yes / no

2. Is the child at present attending the doctor for any reason? yes / no

 If YES, please give brief details-

3. Does the child have any treatment prescribed regularly by the doctor? yes / no

 If YES, please give brief details-

4. Has the child ever suffered from a nervous or similar illness? yes / no

 If YES, please give brief details-

5. Has the child ever suffered from tuberculosis, epilepsy or fits? yes / no

 If YES, please give brief details-

6. Will the employment or hours be detrimental to the child’s health? yes / no

7. Will the employment or hours affect the child’s ability to take full yes / no

 advantage of his/her education?

The family doctor is -: Name ...........................................………. Tel. No. ......................................

Surgery Address....................................................................................................................................

If it is necessary for the School Medical Officer to communicate with my Doctor or Consultant, I authorise them to reply to any query concerning the child’s health or medical history.

Signed .....................................................................……….. Date: .......................

 Parent / Guardian

**Note** The Bye-Laws may still require the child to attend a medical examination arranged by the Local Authority. An entertainment licence/work permit will not be issued until the completed form has been returned to:

**Haringey Education Welfare Service, 48 Station Road,** Wood Green, London, N22 7TY**.**

**Tel. No. 020 8489 3477**