

# Work Permit Application Form

The Children and Young Persons Act 1933 / 1963 (as amended)  
Essex County Council Byelaws 1998

## To be completed by the Employer

|  |   |  |
|--|---|--|
| Company Name:  |   |  |
| Line Manager's Name:   |   |  |
| Address:   |   | Town/City:   |
| County:  |   | Postcode:  |
| Tel:   | Email:  |  |
| Business Category:   |   |  |
| <input type="checkbox"/> Agriculture/Horticulture<br><input type="checkbox"/> Animal Care/Animal Leisure<br><input type="checkbox"/> Care<br><input type="checkbox"/> Cleaning | <input type="checkbox"/> Distribution<br><input type="checkbox"/> Education<br><input type="checkbox"/> Health and Beauty<br><input type="checkbox"/> Hospitality | <input type="checkbox"/> Office<br><input type="checkbox"/> Retail / Shop / Newsagent<br><input type="checkbox"/> Sports and Leisure |

|   |   |  |   |
|---|---|--|---|
| Child's Name:   |   | Date of Birth:   | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Address:  |   | Town/City:   |   |
| County:   |   | Post code:   |   |
| Child's School:   |   |  |   |
| Place of Employment:<br>(If different form above)   |   |  |   |
| Main tasks of employment:   |   |  |   |
| Date started or due to start:   |   |  |   |
| Employment Type:  |   |  |   |
| <input type="checkbox"/> Animal Welfare Assistant<br><input type="checkbox"/> Care Assistant<br><input type="checkbox"/> Child Care Assistant<br><input type="checkbox"/> Clerical Assistant<br><input type="checkbox"/> Domestic Duties/Cleaning<br><input type="checkbox"/> Farm Worker | <input type="checkbox"/> Gardener/Landscaper<br><input type="checkbox"/> General Assistant<br><input type="checkbox"/> Hairdressing Assistant<br><input type="checkbox"/> Kitchen Duties/Washing Up<br><input type="checkbox"/> Leaflet Distribution<br><input type="checkbox"/> Newspaper Delivery | <input type="checkbox"/> Shop Assistant<br><input type="checkbox"/> Sports Assistant/Coach<br><input type="checkbox"/> Stable Hand<br><input type="checkbox"/> Waiter Waitress |   |

## Schedule of Employment (1 hour break required after 4 hours continuous work)

|           | During School Term<br>12 hrs Maximum |    |  |  | During School Holidays<br>Max 25 hrs ages 13/14 – 35 hrs age 15/16 |    |  |  |
|-----------|--------------------------------------|----|--|--|--|----|--|--|
|           | From                                 | To |  |  | From   | To |  |  |
| Monday    |                                      |    |  |  |  |    |  |  |
| Tuesday   |                                      |    |  |  |  |    |  |  |
| Wednesday |                                      |    |  |  |  |    |  |  |
| Thursday  |                                      |    |  |  |  |    |  |  |
| Friday    |                                      |    |  |  |  |    |  |  |
| Saturday  |                                      |    |  |  |  |    |  |  |
| Sunday    |                                      |    |  |  |  |    |  |  |

Data Protection: The information on this form will be held on computer files and will be shared with other relevant educational establishments and agencies for the purpose of providing the appropriate service and/or meeting legislative requirements

**Risk Assessment:**

The Management of Health and Safety at Work Regulations 1999 requires all employers to carry out a risk assessment before a young person starts work: (1) look for hazards (2) identify who might be harmed (3) evaluate the risk (4) pay particular attention to the child's lack of experience, training and supervision needs (5) decide whether your existing precautions are adequate or whether amendments are required (6) record your findings and keep on file (7) review your assessment regularly and revise where needed (8) you are legally required to advise the child's parents that a risk assessment has taken place and the outcome of this.

**Employer Declaration:**

I confirm that an appropriate Risk Assessment has been carried out and that my Employers Liability Insurance covers to employments of Young People of compulsory school age. I will employ this Young Person in accordance with the legislation and information provided in this application.

|                          |             |
|--------------------------|-------------|
| Signature:               | Print Name: |
| Position in the Company: | Dated:      |

**To be completed by the School**

**Headteacher Declaration:** I confirm that I have no objections, on educational grounds, to this child being employed as set out in this application.

|  |        |
|--|--------|
| Printed Name:  | Dated: |
| Signature of Headteacher:                              |        |
| School Stamp:  |        |
| This form will not be accepted without a school stamp. |        |

**To be completed by the Parent / Guardian**

I confirm that, in my opinion, my child is fit and the above job will not jeopardise their health, welfare and ability to take full advantage of their education.

|                                       |            |
|---------------------------------------|------------|
| Printed Name:                         | Dated:     |
| Signature:                            |            |
| Email:                                | Telephone: |
| Address if different from your child: |            |

Please return completed form to:

Email: [child.employment@essex.gov.uk](mailto:child.employment@essex.gov.uk)

Post: Missing Education and Child Employment Service, E2 Zone 2, County Hall, CM1 1LD.

Tel: 03330138967 if you need further advice.

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