

# Child Employment - Application for a work permit

*When fully completed this form, along with two passport photographs should be returned to*

Knowsley School Attendance Service  
Education Development Centre  
c/o Training & Conference Centre  
Knowsley Lane  
Huyton  
Knowsley  
Merseyside  
L36 8HW



**Section A:**  
*Personal details of child*

Name of child

Address

Date of birth

School

FOR OFFICE USE ONLY:

Work Permit issued, Number

Date

**HOURS OF EMPLOYMENT**

	MON	TUES	WED	THUR	FRI	SAT	SUN
Term							
From							
To							
School							
From							
To							
Holidays							

**Section B: To be completed by proposed employer**

Employers name

Address

Nature of employment

Place of employment

**Time of employment**

School days between  and

Saturdays and holidays between  and

Sundays between  and

**Risk assessment**

Prospective employers - before employing a young person you must ask the following: (please tick yes or no)    yes    no

Have you carried out a risk assessment, noted the significant findings, decided on controls, and kept a written record where five or more people are employed?       

Have you arranged for suitable instruction and training of the young person?       

Have you given this information to the child's parent(s)?       

Have you checked that the young person is not prohibited from that work activity?       

I confirm that I have adequate Employers Liability Insurance and the above information is true and accurate.

Signed  Position

**Section C: To be completed by parent, guardian or carer**

Name and address of General Practitioner

Does your child suffer from any of the following: (please tick yes or no)

	yes	no
(a) Asthma or breathlessness?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Hole in the heart?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Epilepsy or fits?	<input type="checkbox"/>	<input type="checkbox"/>
(d) Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
(e) Difficulties in hearing?	<input type="checkbox"/>	<input type="checkbox"/>
(f) Difficulties in seeing?	<input type="checkbox"/>	<input type="checkbox"/>
(g) Blackouts, fainting or dizzy spells?	<input type="checkbox"/>	<input type="checkbox"/>

Is there any other medical condition relevant to this application that you feel we should be made aware of?

Signed  Relationship to applicant

DON'T FORGET TO ENCLOSE TWO PASSPORT SIGNED PHOTOGRAPHS