

**KNOWSLEY SCHOOL ATTENDANCE SERVICE**

# Child Employment - Application for a work permit

## **SECTION A**

### **CHILD'S PERSONAL DETAILS**

Name of child

Address

Date of birth

School

Telephone

Email

## HOURS OF EMPLOYMENT

		MON	TUE	WED	THUR	FRI	SAT	SUN
Term	from							
Time	to							
School	from							
Holidays	to							

## SECTION B

### TO BE COMPLETED BY PROPOSED EMPLOYER

Business name	<input type="text"/>	
Managers name	<input type="text"/>	
Address	<input type="text"/>	
Nature of employment / role?	<input type="text"/>	
Place of employment	<input type="text"/>	
Telephone number	<input type="text"/>	Email <input type="text"/>

## TIME OF EMPLOYMENT

School days between	<input type="text"/>	and	<input type="text"/>
Saturdays and holidays between	<input type="text"/>	and	<input type="text"/>
Sundays between	<input type="text"/>	and	<input type="text"/>

## 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?	<input type="checkbox"/>	<input type="checkbox"/>
Have you arranged for suitable instruction and training of the young person?	<input type="checkbox"/>	<input type="checkbox"/>
Have you given this information to the child's parent(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you checked that the young person is not prohibited from that work activity?	<input type="checkbox"/>	<input type="checkbox"/>

Signed	<input type="text"/>	Position	<input type="text"/>
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## SECTION C

### TO BE COMPLETED BY PARENT, GUARDIAN OR CARER

Name and address of  
General Practitioner

## CONDITIONS

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

	YES	NO		YES	NO
Asthma or breathlessness	<input type="checkbox"/>	<input type="checkbox"/>	Difficulties in hearing	<input type="checkbox"/>	<input type="checkbox"/>
Hole in the heart	<input type="checkbox"/>	<input type="checkbox"/>	Difficulties in seeing	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy or fits	<input type="checkbox"/>	<input type="checkbox"/>	Blackouts, fainting or dizzy spells	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<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

When fully completed this form, along with two passport photographs should be returned to:  
**School Attendance Service, Knowsley Council, c/o Huyton Municipal Buildings,  
Archway Road, Huyton, L36 9YU.**

Alternatively completed applications together with suitable photos can also be submitted by email to  
**[entertainment.employment@knowley.gov.uk](mailto:entertainment.employment@knowley.gov.uk)**

## FOR OFFICE USE ONLY:

Work Permit issued, Number

Date