

EMPLOYMENT OF CHILDREN
APPLICATION FOR WORK PERMIT



Michelle Strong
Chief Officer Education

PART ONE - TO BE COMPLETED BY EMPLOYER

DETAILS OF CHILD:

Name: _____ Date of Birth: _____

Home Address: _____

Tel No: ____

School Presented Attended:

DETAILS OF EMPLOYER:

Name: _____

Address of Business: _____

Nature of Business: _____ Tel No: _____

DETAILS OF EMPLOYMENT:

Place of Child's Employment:

Description of Employment:

Hours of Work:

From _____ to _____

Schooldays _____

Saturday & Holidays _____

Breaks _____

Sundays _____ (maximum 2 hours)

- I undertake to comply with all relevant requirements in respect of risk assessment and information contained in The Management of Health & Safety at Work Regulations 1999 prior to the commencement of the said child's employment.
- I enclose a copy of my employer's liability insurance certificate.
- I am prepared to employ the child as described above and undertake, if a work permit is granted, to observe all the conditions as laid down in the Scottish Borders Council's Byelaws.

Date: _____ Employer's Signature:

PART TWO - TO BE COMPLETED BY THE CHILD'S PARENT/GUARDIAN

Mr/Mrs/Miss/Ms* _____ agree to my child's employment as described
(Please Print Name) above and that he/she is in good health for such
employment. If, however, a medical report is
required, I agree to Scottish Borders Council obtaining this report from the School Medical Officer.

Date: _____ Signature: _____
(Father/Mother/Guardian)*

*After Parts One and Two have been completed this form should be sent to the appropriate
Headteacher (except during the summer holidays when form should be sent to HQ Operations,
Children & Young People's Services).*

PART THREE - TO BE COMPLETED BY THE HEADTEACHER

(* Please Delete As Appropriate)

Is the child's date of birth as shown overleaf correct? YES/NO

Is the proposed employment likely to have a detrimental effect on the child's fitness to obtain the full
benefit of the education provided for him/her? YES/NO

I recommend that the application should be granted/refused.

I consider that the application should/should not be referred to the School Medical Officer.

Date: _____ Signature: _____

**PART FOUR - SCHOOL MEDICAL OFFICER'S REPORT AS TO THE CHILD'S FITNESS FOR
PROPOSED EMPLOYMENT**

Date: _____ School Medical Officer: _____

*Please send completed form to the HQ Operations, Children & Young People Services, Scottish
Borders Council, Newtown St Boswells, TD6 0SA.*

FOR OFFICE USE ONLY

Date Application Received:

Date Work Permit Issued:

Work Permit Number:
