

Example

LEA NAME—EMPLOYMENT PERMIT APPLICATION FORM

Children & Young Persons Act 1933 /63 (as amended) LEA Byelaws

PART 1 (to be completed by Employer)										
Company/Organisation					Child Name					
Address					Address					
Tel. No.										
Start Date										
Nature of Work					D.O.B.					
Place of Work					School					
SCHEDULE OF EMPLOYMENT 1 hour break required after 4 hours continuous work										
	SCHOOL WEEK 12 hrs Maximum					SCHOOL HOLIDAYS Max. 25 hrs ages 13/14 and 35 hrs ages 15/16				
	FROM am	TO am		FROM pm	TO pm	FROM am	TO am		FROM pm	TO pm
MONDAY										
TUESDAY										
WEDNESDAY			L u n c h					L u n c h		
THURSDAY			L u n c h					L u n c h		
FRIDAY			L u n c h					L u n c h		
SATURDAY										
SUNDAY										

RISK ASSESSMENTS—(1) look for hazards (2) decide who might be harmed (3) evaluate the risks deciding whether the existing precautions are adequate or should be amended (4) record your findings & keep on file (5) review your assessment periodically & revise when necessary (6) pay particular attention to the child's lack of experience, training & supervision needs (7) you are legally required to advise the child's parent/s that a risk assessment has taken place. Risk assessment forms are available via our website or contact us for a copy.

I, the employer, confirm that an appropriate RISK ASSESSMENT, taking into account the child's age, has been carried out.
Management of Health & Safety at Work Act 1999

SIGNATURE OF EMPLOYER	PRINT NAME	DATE
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PART 2 (to be completed by parent/legal guardian)

I confirm that, in my opinion, the above job would not jeopardise my child's health, welfare or ability to take full advantage of her/his education. I thereby give my permission for this employment.

SIGNATURE OF PARENT/LEGAL GUARDIAN	PRINT NAME	DATE
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PLEASE RETURN COMPLETED FORM TO LEA contact details

AUTHORISATIONS	Child Employment Officer	Education Welfare Officer
	School	AN Other
DATE	EMPLOYMENT PERMIT NUMBER	