

Days and times of employment. Please state exact times.														
School Holidays	MON		TUES		WEDS		THURS		FRI		SAT		SUN	
AM														
PM														

Employer's Signature		Date	
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TO BE COMPLETED BY PARENT

Has your son/daughter had an Employment Permit before? (please tick)	Yes		No	
If yes, does he/she still carry out the work stated in that Employment Permit (please tick)	Yes		No	

I consent to the employment referred to overleaf and certify that the above particulars are correct.

I confirm that my child is in good health and able to carry out the employment as described without detriment.

I confirm that the employer has provided me with information about the findings of the risk assessment he/she has undertaken and the control measures introduced to reduce any risk assessed.

I understand that this application for my child to be issued with an Employment Permit must be made by his/her employer within one week of starting the employment

Signature		Tel No	
Please Print your Name in Block Capitals		Date	

**On completion, this form should be returned to the Diane Dean at
Education Welfare Service, LLL & CS, Civic Centre,
Lampton Road, Hounslow, Middlesex. TW3 4DN
Tel: 020 8583 2753 Fax: 020 8583 2777**

News delivery		Hotel/catering/waiting tables/washing up	
Shop-work/sales assistant		Packing/labelling	
Cleaning		Horticultural/agricultural/gardening	
Shelf stacking/till work		Office work	
Caring for people		Animal care	
Uncategorised, please describe the main task which must state the following: The 'child' is permitted to			

Signature		Date	
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