

## SCHOOL EFFECTIVENESS EMPLOYERS NOTIFICATION FORM

Application to London Borough of Hounslow for the issue of an Employment Permit for the child mentioned below.

**To be completed by the employer in BLOCK CAPITALS and signed by the employer and the parent/carer**

Company Name												
Address												
Postcode					Tel.No.							
Employer's Trade												
Employers Surname					Employers Forename							
Title	Mr		Mrs		Miss		Ms		Dr		Other	

Child's Surname					Child's Forename							
Address												
Postcode					Tel. No.							
School attending								DoB				

Nature of proposed Employment (please describe the main tasks)											
Place of proposed Employment											
Start Date:											

I confirm that an appropriate Risk Assessment has been carried out under the requirements of the Health & Safety (Young Persons) Regulations 1997/1999 and the young person's parents informed of the findings and the control measures introduced to reduce any risk.

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

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 information recorded is correct.

I confirm that my child is in good health and able to carry out the employment as described without harm to his or her emotional or physical health.

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 Diane Dean at  
 Child Employment, School Effectiveness,  
 Children's and Adults' Services, 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	
If none of the above, please describe the main task which must state the following: The 'child' is permitted to			

Signature		Date	
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