

SCHOOL EFFECTIVENESS EMPLOYERS NOTIFICATION FORM

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

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			

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							

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			

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
Child Employment, School Effectiveness,
Children's, Housing and Adults' Services, Civic Centre,
Lampton Road, Hounslow, Middlesex. TW3 4DN
Tel: 020 8583 2753 Email: educationwelfare@hounslow.gov.uk**