

### Children's Service – Education

# **Employment of Children**

## **Application by Employer**

This form is to be completed by the employer, parent or guardian, and head teacher. All three sections need to be completed before the application can be processed.

Please send the completed form to: Education Welfare Team

Building 4

North London Business Park

Oakleigh Road South London N11 1NP

#### PART 1 – TO BE COMPLETED BY THE EMPLOYER

I give notice that I wish to employ

Name:	ne:							Date of birth:							
Address:							Tel:								
School:															
Name of employer:															
Employer's Ad	Employer's Address:														
Address at wh	Address at which child will be employed:														
Nature of business:															
Nature of employment proposed for child:															
Traduct of employment proposed for emid.															
Days and times of proposed employment:															
	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		
	am	pm	am	Pm	am	pm	am	pm	am	pm	am	pm	am	pm	
Term time from:															
Term time to:															
Holidays from:															
Holidays to:						<u> </u>									
I have carried out an appropriate risk assessment concerning the child's employment.															
Signature of E	mploy	er:								Date	e:				

# PART 2 - TO BE COMPLETED BY PARENT OR GUARDIAN I approve of my child ...... being employed as ...... and consider him/her medically fit to carry out this work. Barnet Council reserves the right to request a medical examination before issuing a Work Permit. Is the child already in possession of an employment card? Yes $\Box$ No $\Box$ ( $\sqrt{}$ appropriate box) Signed ...... Date ...... PART 3 – TO BE COMPLETED BY THE HEAD TEACHER/HEAD OF YEAR School: Head Teacher/Head of Year: Pupil's date of birth: Pupil's name: Pupil's address: Type of work and hours: I have no reason to believe that working within the legally permitted hours will affect this pupil's education, and I therefore agree to a work permit being issued. If it appears that his/her school work or attendance deteriorates as a result of part-time employment, I will contact the Education Welfare Team, Building 4, North London Business Park, Oakleigh Road South, London, N11 1NP, telephone 020 8359 7684 after discussing the situation with the pupil's parent/guardian. Signed ..... Designation ..... Date .....

#### **Privacy Statement**

Barnet Council has a duty to protect the public funds it administers and may use the information you have provided for the prevention and detection of crime. We may also share information with other council departments or external organisations in order to undertake our functions as a local authority. We will always comply with the requirements of the Data Protection Act 1998 and never give information about you to anyone else, or use information for another purpose unless the law allows us. If you want to know more about how your information is used visit <a href="https://www.barnet.gov.uk/privacy">www.barnet.gov.uk/privacy</a>.