## **Employment of Children**

## **Application for Work Permit**



Section 1: To be com	pleted	by Er	mployer			
Employer's Name:						
Business Address:						
				Postcode:	:	
Telephone:						
Email:						
Nature of Business:						
Duties to be undertable by child:	ken					
Place of Work (if different from above	e):					
Hours of employmen	t exclu	ıdina	meal breaks	– state startir	ng and finish	ning times:
	t OXOIC	idiiig	moar broaks	otato otar tir		mig timos.
	Fro	m.	To.	From.	To.	Total Hours.
Monday.						
Tuesday.						
Wednesday.						
Thursday.						
Friday.						
Saturday.						
Sunday.						
Non-School Days.						
I certify that the appropriate risk assessment has been carried out for the child's employment has been carried out.						
Signature of Employer:						
Date:						

## Section 2: To be completed by Parent/Carer of Child

If you live with someone other than a parent, proof of guardianship must be provided.

Full Name of Child:					
Address:					
		Postcode:			
Date of Birth:					
School Attending:					
I confirm that I agree to my cundertake the specified job a employment or be affected by	nd has no med	dical conditions which	•		
Name of Parent/Carer:					
Signature of Parent/Carer:					
Date:					
Section 3: To be completed	by Head Tead	her			
School Class:					
Attendance – current year:		Possible:	Actual:		
Attendance – previous yea	r:	Possible:	Actual:		
Will the employment interfere with the child's health, welfare or ability to take full advantage of his/her education?		☐ Yes.	☐ No.		
If yes, please give details:					
Comments:					
Name of Head Teacher:					
Signature of Head Teacher	:				
Date:					

Please send completed form to: Education, Leisure and Housing, Orkney Islands Council, Kirkwall, Orkney, KW15 1NY.