**WORK PERMIT APPLICATION FORM**

It is important before completing this form that you read the

Guide to Child Employment leaflet.

Name of applicant:………………………………………..DOB:……………………………..

Address:………………………………………………………………………………………………………………………………………………………………………………………………

Postcode:………………………………………………….Tel No:……………………………

**Part 1: To be completed in full by the employer:**

Name and address of business premises where the young person is employed:

…………………………………………………………………………………………………..

Postcode:…………………………………………………Tel No:…………………………...

Email:…………………………………………………………………………………………..

Young person’s job description:……………………………………………………………..

Employment start date:……………………………………………………………………….

Does the young person have another job? Yes or No

If yes, where?................................................................................................................

**Hours of work during term-time:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | MON | TUE | WED | THUR | FRI | SAT | SUN |
| Times From/To |  |  |  |  |  |  |  |
| No of Hours |  |  |  |  |  |  |  |

**Hours of work during school holidays:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | MON | TUE | WED | THUR | FRI | SAT | SUN |
| Times From/To |  |  |  |  |  |  |  |
| No of Hours |  |  |  |  |  |  |  |

Note – hours can vary but must remain with the legal weekly limits.

**Employers Declaration:** I hereby make an application for a work permit for the above named young person. I have completed a risk assessment of the job detailed above as applicable to this applicant. I will provide a copy to the parents if requested. I am aware of the bylaws concerning the employment of young people. I declare that the information is true.

Print Name:…………………………………………………...Position:………………………………

Signed:…………………………………………………………Date………………………………….

**Part 2: Parent/Guardian declaration**

I hereby consent to (name of young person)……………………………………applying for the job as described above. I am not aware of any medical problem which would affect his/her ability to carry out this work in a safe manner. I understand that, should I ever become aware of such a problem, I will notify the Education Welfare Service immediately.

The applicant is responsible for ensuring that Part 1 and Part 2 of this form are fully completed before it is submitted.

Parent/Guardian name:………………………………………………………………………….

Signed:…………………………………………………..Date…………………………………..

**Return completed form to:**

Child Employment, Babcock LDP, Milford House, Pynes Hill, Exeter EX2 5TH

**A scanned copy of this form can be emailed to:**

ldp-childemploymentandentertainment@babcockinternational.com

Tel: 01392 287 201

The information provided on this form will be used for purposes relating to the issuing of work permits and will be shared with relevant teams at LDP and Devon County Council where necessary.  It will not be processed or shared for any other unrelated purpose.  Where you are completing personal information for another individual, please provide that person with access to our privacy notice, which can be viewed on our website at [www.babcockldp.co.uk](http://www.babcockldp.co.uk/privacy)

**Part 3: For office use only**

School attendance check: Attendance rate: EWO notified:

The EWS has no reason to believe that working within the legally permitted hours will affect this pupil’s education, and therefore agrees to a work permit being issued. If it appears that his/her school work or attendance deteriorates either to below 93%, or due to unauthorised absence as a result of part-time employment, the Education Welfare Service will be notified.

**Conditions and working hours checked: Yes / No**

**Work permit issued: Yes / No**

**Work permit number:**

**Signed:**

**Date:**