



Application For Child Employment Permit

Please ensure you have read the Guidance provided prior to completing the application.

Part 1 To be completed by the employer

| | |
|--|-----------------------|
| Name of Child: | Date of Birth: |
| Home address (including post code): | |
| Telephone number: | |
| School attended: | |
| Name and Address of Employer (including postcode): | |
| Telephone: | |
| Email address: | |
| Nature of your business: | |
| Place of Child's proposed employment: | |
| Task involved in proposed employment: | |
| Date on which a health and safety risk assessment was made or reviewed in respect of this child (management of Health and Safety at Work Regulations 1999) We may ask to view this: | |



Please enter the hours of employment excluding meal breaks. No child shall be employed before 7am or after 7pm of any day. A child employed for more than 4 hours on any day must have a rest break of one hour.

Term Time – The total number of hour worked on any school day or Sunday must not exceed 2 hours. On Saturday a child under 15 years can work a max of 5 hours, a child over 15 years can work a max of 8 hours

| Term Time | Start Time AM | Finish Time AM | Start Time PM | Finish Time PM | Total Number of Hours |
|---|---------------|----------------|---------------|----------------|-----------------------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total Number of Hours employed for week(must not exceed 12 hours) | | | | | |

Holidays – The total number of hours worked on a non-school day a child under 15 years can work a max of 5 hours, a child over 15 years can work a max of 8 hours. A child cannot work more as 2 hours on a Sunday.

| Holidays | Start Time AM | Finish Time AM | Start Time PM | Finish Time PM | Total Number of Hours |
|---|---------------|----------------|---------------|----------------|-----------------------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total number of hours employed for week (a maximum of 17 hours a week for a child aged under 15 years/a maximum of 20 hours per week for a child over 15 years) | | | | | |

N.B. Each calendar year a child must have at least 2 consecutive weeks without employment during the school holidays.

I CAN CONFIRM THAT:

I have read and understood the Guidance and Bye-Laws relating to the employment of children and believe the employment to be lawful.

The child's health, welfare or ability to take full advantage of his/her education will not be jeopardised.

| | | |
|-------------|-----------|-------|
| Signature: | | Date: |
| Print Name: | Position: | |



Part 2 To be completed by the child

I am aware of the nature of the proposed employment and support the employer's request for an Employment Permit

| | |
|-------------|-------|
| Signature: | Date: |
| Print Name: | |

Part 3 To be completed by the parent/guardian (please read the guidance and bye-laws prior to completion)

| |
|---|
| Name: |
| Address (including postcode) if different to the child's: |
| Telephone number: |
| Email address: |

I have read Part 1 of this form and agree to my child being employed in the job described. I am satisfied that my child is fit to undertake the job. (The child's doctor should be consulted if there are any doubts about a child's fitness)

| | |
|-------------|-------|
| Signature: | Date: |
| Print Name: | |

Part 4 To be completed by the Pupil Support Teacher

| | | |
|--|----------|------------------------------|
| Pupil's Year and Class | | |
| Is the Pupil's birth date correct | YES / NO | |
| Is the proposed employment likely to have a detrimental effect on the Pupil's health, welfare and education? | YES / NO | If yes, please give details: |
| Do you approve of this application? | YES / NO | If no, please give details: |



| | | |
|--|--|--|
| If any reason for doubt exists: <ul style="list-style-type: none">- A medical report may be sought- The permit may be refused | | |
|--|--|--|

| | |
|--------------------|------------------|
| Signature: | Date: |
| Print name: | Position: |

On completion of all parts above please return to Marevana Odie via email at marevana.odie@shetland.gov.uk

Or via post to:
Marevana Odie
Work Permits
Youth and Employability Service
66 Commercial Road
Lerwick
ZE1 0NJ

For official use only:

| | | |
|--------------------------------|-------------------------|------------------|
| Medical report required | YES and Received | NO |
| Certificate issued | Date: | Initials: |
| Letter of Refusal Sent | Date: | Initials: |

