



# Application for Employment Permit

To be completed by the employer and returned to [FBSSchools@pkc.gov.uk](mailto:FBSSchools@pkc.gov.uk) or Education and Learning, Perth & Kinross Council, 2 High Street, Perth, PH1 5PH, within one week of employing the undernoted child.

A & B to be completed by Employer (in BLOCK CAPITALS)

## A Employer's Details

Company Name: \_\_\_\_\_ Employer Full Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(inc Postcode) \_\_\_\_\_ Email Address: \_\_\_\_\_  
\_\_\_\_\_ Nature of Business: \_\_\_\_\_  
\_\_\_\_\_

## B Child's Details

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Address: \_\_\_\_\_ School Attending: \_\_\_\_\_  
(inc Postcode) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Days	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Times to be worked							
No. of hours worked per day							
Total hours per week							

Type of Employment \_\_\_\_\_  
Duties involved \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_

If you or someone you know would like a copy of this document in another language or format, (on occasion, only a summary of the document will be provided), this can be arranged by contacting [Communications@pkc.gov.uk](mailto:Communications@pkc.gov.uk).

 Council Text Phone Number 01738 442573

All Council Services can offer a telephone translation facility

**C To be Completed by Child**

I understand and accept that the personal details relating to me which are contained within this form, and any further personal information, including medical details, requested and received by the above employer and Education & Children's Services shall be used:

- (a) by the employer for the purposes of the Employment Permit application, and
- (b) by Education & Children's Services for the purposes of assessing whether or not the Employment Permit will be granted and for no other purposes whatsoever, unless both my consent and that of my parent/carer has been given for such purposes.

The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law. *For further information, please look at our website [www.pkc.gov.uk/dataprotection](http://www.pkc.gov.uk/dataprotection); email [dataprotection@pkc.gov.uk](mailto:dataprotection@pkc.gov.uk) or phone 01738 477933*

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**D To be Completed by Parent/Carer**

I confirm that, as the person who has parental responsibilities in relation to the above child, I give my approval for my child to be employed in such a capacity. I believe my child to be fit to work.

I understand and accept that the information contained within this form and any subsequent information requested and received by Education & Children's Services in respect of the said child's employment, including medical details, shall be used only for the purposes of assessing whether it is appropriate for an Employment Permit to be granted, and for no other purpose, unless both my consent and that of my child has been given for such purposes.

The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law. *For further information, please look at our website [www.pkc.gov.uk/dataprotection](http://www.pkc.gov.uk/dataprotection); email [dataprotection@pkc.gov.uk](mailto:dataprotection@pkc.gov.uk) or phone 01738 477933*

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**E To be Completed by Employer**

I confirm that:

- (a) I have undertaken an appropriate risk assessment and the duties involved are in my opinion safe.
- (b) I have read and understood the Bye-Laws relating to the employment of children and I believe the employment to be lawful.
- (c) The above child's health, welfare or ability to take full advantage of his/her education will not be jeopardised.
- (d) I understand and accept that the information provided by the above child and/or their parent/carer shall be used solely for the purposes of completing the application for Employment Permit in respect of the said child and for no other purposes whatsoever.
- (e) I understand and accept that the information relating to me, as an employer, contained within this form and any subsequent information requested and received by Education & Children's Services shall be used only for the purposes of assessing whether it is appropriate for an Employment Permit to be granted to the said child, and for no other purposes, unless my consent has been given for such purposes.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_