

**Application for a work permit  
WARRINGTON BOROUGH COUNCIL**



**WARRINGTON**  
Borough Council

*Children and Young Persons Acts 1933 – 1963  
(as amended by the Education Acts 1944 – 1976 and the Children’s Act 1972)*

To be completed in block letters by the employer and parent/carer and returned to the address below:

**FAO: Patrick Neale  
Warrington Borough Council  
Education Services  
East Annexe, Town Hall  
Sankey Street  
Warrington  
WA1 1UH**

**Tel: 01925 442974**

[Childlicensing@warrington.gov.uk](mailto:Childlicensing@warrington.gov.uk)

WP No.	Date Issued

**CHILD’S DETAILS**

Surname: ..... Forename(s): .....

Address: .....

..... Post Code:.....

Tel: ..... e:mail ..... Date of Birth: .....

School: .....

*Signature of Parent/Guardian: ..... Date: .....*

**EMPLOYER’S DETAILS**

Business Name &Address: .....

.....

Contact/Tel: ..... Email: .....

Details of work to be undertaken: .....

.....

**Risk Assessment**

I the undersigned have carried out a risk assessment appropriate to the above named child.

*Employer’s Signature: ..... Date: .....*

HOURS OF WORK				
	Morning		Afternoon	
	From	To	From	To
School Days – Mon-Fri				
Saturday				
Sunday				
School Holidays				

**MEDICAL DECLARATION**

**CHILD'S DETAILS**

Surname: ..... Forename(s): .....

Address: .....

..... DOB: .....

School: .....

Family Doctor: ..... Tel: .....

Address: .....

.....

Employer: .....

Address: .....

.....

Description of Work: .....

Does your child suffer from, or has he/she previously suffered from any long term illness or diseases of any kind? (E.g. epilepsy, heart trouble, chest trouble, sight or hearing defects)

**YES/NO (Please delete as appropriate)**

If you have answered **YES** please give details as fully as possible, including the name of any medical condition.

**(This information will not necessarily prevent your child from being employed)**

It may be necessary for your child to be called for a medical. You should accompany your child if a medical is required.

Always contact the clinic if your child cannot attend. Your child's employment can be terminated if you fail to keep medical appointments.

**DECLARATION OF PARENT/CARER**

I authorise a School Doctor to seek information, if necessary, from my child's General Practitioner, and I declare that to the best of my belief, the above information is true and that in my opinion; the employment state will not affect my child's health or education.

*Name (in block letters):* .....

*Signature (Parent/Carer):* ..... *Date:* .....