



Application for a work permit

[Children and Young Persons Acts 1933 – 1963](#)

(as amended by the [Education Acts 1944 – 1976](#) and the [Children's Act 1972](#))

To be completed by the employer and parent/carer and returned to:

FAO:

Patrick Neale

Warrington Borough Council

Education Services

East Annexe

Town Hall

Warrington

WA1 1UH

Tel: 01925 442974

Email: Childlicensing@warrington.gov.uk

Child's details

First name

Last name

Date of birth

Address

Post code

Parent contact tel:

Parent contact email:

School

Medical declaration

Family doctor

Address

Post code

Contact tel:

Does your child suffer from, or have they previously suffered from any long term illness or diseases of any kind? For example epilepsy, heart trouble, chest trouble, sight or hearing defects.

Yes No

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.

Declaration of parent or guardian

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

Signature

Date

Employers details

Business name

Address

Post code

Contact tel:

Contact email:

Details of work the young person will be undertaking

Hours of work

	Morning		Afternoon	
	From	To	From	To
School Monday to Friday				
Saturday				
Sunday				
School holidays				

Risk assessment

I the undersigned have carried out a risk assessment appropriate to the above named child. Please provide a signed and dated copy of the risk assessment by manager and young person/parent, **without this the application will be delayed.**

Employer's signature

Date