

## APPLICATION FOR AN EMPLOYMENT PERMIT

*The Children (NI) Order 1995 Part XII Articles 133-136.  
 The Employment of Children Regulations (NI) 1996  
 The Employment of Children Regulations (amendment) Regulations (NI) 2006*

Name of Child:	Address:
Date of Birth:	
School:	

It is proposed to employ the above named child as \_\_\_\_\_ (occupation) on \_\_\_\_\_ days per week at \_\_\_\_\_ (address of place of work).

The proposed hours of employment are:

On School Days	On Saturdays or School Holidays	On Sundays
From _____ am to _____ am  _____ pm to _____ pm	From _____ am to _____ am  _____ pm to _____ pm	From _____ am to _____ am  _____ pm to _____ pm
Mon    Tue    Wed    Thu    Fri		

Name of Employer:		Address:
Name of Business:		
Employer Phone Number:		Email Address:
Date Child Due to Commence:		

**Employer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parental Consent**

I approve of my son/daughter being employed as stated above and certify that the information given above is correct.		
Signed: _____	Relationship to Child: _____	Date: _____

*This form should be returned by the employer to the Education Welfare Service/Child Protection Support Service for Schools at the address overleaf at **least 7 days** before the proposed commencement of employment together with 1 passport sized colour photograph of the child. If approval is granted an employment permit will be issued to the employer in respect of the child.*

**For Office Use Only:**  
**Date Employment Card Issued:** \_\_\_\_\_ **Employment Card No:** \_\_\_\_\_