**Part-time Employment : Pupil Permit Application Form**

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| **Section 1: To be completed by the pupil**  |
| First name(s): |  |
| Surname: |  |
| Date of birth: |  |
| Address: |  |
| Postcode: |  |
| Home telephone number: |  |
| School attending: |  |
| Signature of pupil: |  |
| Email: |  |

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| **Section 2: To be completed by a Parent/Carer** |
| I confirm that I have given my approval for my son/daughter to take a part-time job in accordance with Scottish Government Guidelines “Employment of Children – A Guide for Children” August 2017 and confirm my child is fit to undertake the specified job and has no medical conditions which would prohibit employment or be affected by employment. |
| Name of Parent/Carer:(please print): |  |
| Signature of Parent/Carer: |  |
| Date: |  |

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| **Section 3: To be completed by Employer** **Once completed the form to be returned to the school pupil attends** |
| Employer’s name: Address:   Telephone number: Place of work (if different from above):   Name of child applying for permit: Duties to be undertaken: Working hours – school days Working hours – non school days Total days per week: I certify that the appropriate risk assessment in relation to the employment has been carried out. |
| Name of employer:(please print): |  |
| Signature of employer: |  |

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| **Section 4: To be completed by Headteacher or Pupil Support Teacher or equivalent** |
| Pupil’s name: School: (please print both)Pupil’s attendance (current year) Possible Actual  (previous year) Possible Actual Additional comments: |
| Name of Headteacher / Pupil Support Teacher:(please print and state designation): |  |
| Signature:: |  |
| Date: |  |

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| **Section 5: Declaration to be read and signed by the pupil (applicant)** |
| I wish to apply for a Permit to Undertake Employment. I have read and understand the Scottish Government Guidelines “Employment of Children – A Guide for Children” August 2017. Data Protection StatementThe information on this form will be processed by Dumfries and Galloway Council in accordance with the Data Protection Act 1998. The data you provide will be used for administrating your application and for statistical purposes. We will not pass any data you provide to a third party. |
| Signature: |  |
| Date: |  |

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| **Section 6: For Official Use Only** **School to complete this section and forward copy to: Education Support Services**  **educationadminhub@dumgal.gov.uk** |
| Pupil name: | School: | Year/Stage: |
| From the information provided employment permit approved and issued: | Approved by (print name): | Date: |
| From the information provided employment refused: | Refused by (print name): | Date: |
| Reason for refusal: |
| Signed | Date: |
| **Education Admin Hub to complete this section** |
| Date received | Ref No. |
| Signed |  |