



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

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 returned by the employer to the Education Welfare Service at the address above at **least 7 days** before the proposed commencement of employment together with 2 passport sized colour photographs of the child. If approval is granted an employment permit will be issued to the employer in respect of the child permitted to be employed.*

For Office Use Only:

Date Employment Card Issued: _____ **Employment Card No:** _____