# Argyll and Bute Council: Education Service

Application for employment permit under byelaws made by Argyll and Bute Council in terms of section 28 of the Children and Young Persons (Scotland) Act 1937, as amended

1. **To be completed by employer and forwarded to child's parent/carer with one copy of notes for guidance**

1 Name of employer ..................................................................................................................

Name of responsible person ...................................................................................................

2 Address and telephone number of employer ..........................................................................

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3 Nature of business ..................................................................................................................

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4 Nature of employment proposed for child (inc details of tasks involved) .............................

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5 Places where child will be employed (inc postcode) .............................................................

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1. Periods during which child will be employed:

|  |  |  |
| --- | --- | --- |
| **School in session** | am | pm |
| Monday to Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |
| **School holiday periods** | am | pm |
| Monday to Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

1. Please attach a copy of your risk assessment for the work to be undertaken by the above named child.
2. Signature and designation of employer:

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |
| Designation |  |  |

1. **To be completed by parent or carer and forwarded to child's school**

1 Name of child .........................................................................................................................

2 Address and telephone number ..............................................................................................

3 Date of birth: Day: .......................... Month:...................... Year:............

4 School attending ....................................................................................................................

1. Is your child fit to undertake the work for which he/she is to be employed? YES / NO
2. Do you consent for the employment of your child as detailed in part A above? YES / NO 7 Address (if different from 2 above) .......................................................................................

8 Signature and relationship to child

|  |  |  |
| --- | --- | --- |
| Signature(s) |  | Date |
| Relationship to child |  |  |

1. **To be completed by head teacher/campus principal an****d forwarded to Argyll House**
	1. I am of the view that the child's ability to take full advantage of his/her education would not be jeopardised by this prospective employment provided that his/her health and welfare and his/her attendance remain satisfactory\*

**or**

* 1. I am concerned that the child's ability to take full advantage of his/her education would be jeopardised by this proposed employment having regard to his/her health and welfare\*

\* delete as applicable

|  |  |  |
| --- | --- | --- |
| School |  |  |
| Signature(s) |  | Date |
| Name of head teacher |  |  |

Employment permit number ....................... Issued on ........................... Initialled .............. Employment permit refused on ....................................................................................................

Grounds for refusal ......................................................................................................................