## THE MORAY COUNCIL – EDUCATION AND SOCIAL CARE BYE-LAWS RELATING TO THE EMPLOYMENT OF CHILDREN

APPLICATION for a Permit to engage in a permissible part-time job under the Bye-Laws in force in Moray.

| PAR' | TI-TO BE COMPL  | ETED BY EMPLOYE   | ER (Please read a | attached notes)   |                   |             |  |
|------|---|---|-------------------|---|-------------------|-------------|--|
| 1.   | Child's Name  |   |                   |   |                   |             |  |
| 2.   | School Attended   |   |                   |   |                   |             |  |
| 3.   | Employer's Name   |   |                   |   |                   |             |  |
| 4.   | Employer's Address (please include postcode)  |   |                   |   |                   |             |  |
|      |   |   |                   |   |                   |             |  |
|      | Telephone Number  |   |                   |   |                   |             |  |
| 5.   | Type of Job offered (briefly describe what the young person will do)                |   |                   |   |                   |             |  |
| 6.   | Where the child w   | ill be employed   |                   |   |                   |             |  |
| 7.   | Start date requested End date (if applicable)                                       |   |                   |   |                   |             |  |
|      |   | HOURS TO BE WORKED (Please <u>clearly</u> state the hours of starting and finishing work) |                   |   |                   |             |  |
| DAY  | 'S TO BE WORKED   | TIMES WORKED<br>(AM)  | SUB TOTAL<br>(AM) | TIMES WORKED<br>(PM)  | SUB TOTAL<br>(PM) | DAILY TOTAL |  |
| MON  | NDAY  |   |                   |   |                   |             |  |
| TUE  | SDAY  |   |                   |   |                   |             |  |
| WEI  | DNESDAY   |   |                   |   |                   |             |  |
| THU  | RSDAY   |   |                   |   |                   |             |  |
| FRI  | DAY   |   |                   |   |                   |             |  |
| SAT  | URDAY   |   |                   |   |                   |             |  |
| SUN  | IDAY  |   |                   |   |                   |             |  |
|      |   |   |                   | TOTAL WEEKLY HOURS WORKED   |                   |             |  |
|      | DAYS AND TIMES ABOVE TO BE REPEATED? (If yes, please provide dates and times below) |   |                   | DIFFERENT DAYS AND/OR TIMES REQUESTED? (If yes, please provide details below) |                   |             |  |
|      |   | •   | ,                 | ( ) //  | ·                 | ·           |  |
|      |   |   |                   |   |                   |             |  |
|      |   |   |                   |   |                   |             |  |
| В.   | DECLARATION   |   |                   |   |                   |             |  |
|      |   | appropriate risk assess<br>child and I confirm tha<br>iting.                              |                   |   |                   |             |  |
|      | Employer's Name   | (please print)  |                   |   |                   |             |  |
|      | Employer's Signa  | furo  |                   |   | Date              |             |  |

| 1.    | Full Name of Parent/Guardian   |  |  |  |  |  |
|-------|--|--|--|--|--|--|
| 2.    | Address of Parent/Guardian   |  |  |  |  |  |
|       | Tolophone Number 2 (if applicable)   |  |  |  |  |  |
| 3.    | Telephone Number 1   |  |  |  |  |  |
|       |  |  |  |  |  |  |
| 4.    | I have read Part I of this form and agree to my child being employed as described in that section. I am satisfied that my child is fit to undertake the job described in Part I. |  |  |  |  |  |
|       | If there are any concerns about a child's fitness, the parent/guardian should consult their family doctor before signing this form.  |  |  |  |  |  |
| 5.    | Signature of Parent/Guardian Date  |  |  |  |  |  |
| PART  | III – FOR SCHOOL OFFICE USE ONLY   |  |  |  |  |  |
|       | (NOTE – MORAY COUNCIL, HQ CAN ISSUE A WORK PERMIT IF REQUIRED DURING SCHOOL HOLIDAYS)  |  |  |  |  |  |
| 1.    | Does the job conform with the Bye-Laws?  |  |  |  |  |  |
|       | YES / NO (please delete as appropriate)  |  |  |  |  |  |
| 2.    | If no, please state nature of breach   |  |  |  |  |  |
|       |  |  |  |  |  |  |
| ESP 5 | 5  |  |  |  |  |  |
| 3.    | TO BE ANSWERED BY HEAD TEACHER <u>OR</u> APPROPRIATE MEMBER OF STAFF   |  |  |  |  |  |
|       | Will the proposed job interfere with the child's schooling?  |  |  |  |  |  |
|       | YES / NO (please delete as appropriate)  |  |  |  |  |  |
|       | If yes, please state the reasons   |  |  |  |  |  |
|       |  |  |  |  |  |  |
|       | Signature Job Title  |  |  |  |  |  |
|       | Date   |  |  |  |  |  |
| 4.    | Have the parents been invited to the school?YES / NO (please delete as appropriate)  |  |  |  |  |  |
|       | If yes, date of invite   |  |  |  |  |  |
| 5.    | Have the parents visited the school?YES / NO (please delete as appropriate)  |  |  |  |  |  |
|       | If yes, briefly describe parents attitude  |  |  |  |  |  |
| 6.    | Permit issued?YES / NO (please delete as appropriate)  |  |  |  |  |  |
|       | If yes, go to Q10 and enter permit number. If no, go to Q7   |  |  |  |  |  |
| 7.    | Reason for refusal   |  |  |  |  |  |
| 8.    | Permit referred?YES / NO (please delete as appropriate)  |  |  |  |  |  |
| 9.    | If yes, referred to who  |  |  |  |  |  |
| 10.   | Permit number  |  |  |  |  |  |

PART II – TO BE COMPLETED BY PARENT OR GUARDIAN (Please read attached notes)