



QF-QSP-01A-18
 REV 1 04/07/2016

APPLICATION FOR WORKING CHILD PERMIT

I. APPLICATION FORM					
A. PERSONAL DATA OF THE CHILD					
Name of Child					
(Last Name)		(First Name)		(M. I)	
Home Address				Tel. No.	
Date of Birth	Place of Birth		Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Height	Weight	Education <input type="checkbox"/> In-School <input type="checkbox"/> Out-of-School <input type="checkbox"/> Pre-School <input type="checkbox"/> Not Applicable			
B. NAME OF PARENTS/GUARDIAN					
Father:			Occupation:		
Mother:			Occupation:		
Guardian:			Occupation:		
C. NATURE OF WORK					
i. For public entertainment or information					
<input type="checkbox"/> Cinema		<input type="checkbox"/> Television		<input type="checkbox"/> Commercial (specify products or services to be endorsed) _____	
<input type="checkbox"/> Theater		<input type="checkbox"/> Radio		<input type="checkbox"/> Public relations activities or campaigns	
<input type="checkbox"/> Print Materials		<input type="checkbox"/> Others, specify _____			
ii. For family undertakings					
Will the child work under the sole responsibility of parents/legal guardian?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are all employees in this work/undertaking members of the employer's family?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Specify the child's activity or work					
Role:					
D. TERMS AND CONDITIONS					
Duration	Start date (dd/mm/yyyy):		End date (dd/mm/yyyy):		
No. of Hours of Work Per Day:			Daily Work Schedule:		
Rest Period:			Remuneration:		
Location:					
The following are provided to the child:					
<input type="checkbox"/> comfortable workplace and adequate quarters					
<input type="checkbox"/> break or rest periods in comfortable day beds or couches					
<input type="checkbox"/> clean and separate dressing rooms and toilet facilities for boys and girls					
<input type="checkbox"/> adequate meals and snacks and sanitary facility					
<input type="checkbox"/> all the necessary assistance to ensure the adequate and immediate medical and dental attendance to an injured or sick child in case of emergency					
<input type="checkbox"/> other _____					
E. DATA ON EMPLOYER					
i. Public entertainment or information					
<input type="checkbox"/> Producer		<input type="checkbox"/> Advertiser		<input type="checkbox"/> Ad Agency	
<input type="checkbox"/> Talent Center		<input type="checkbox"/> Talent Agent		<input type="checkbox"/> Talent Manager	
Name of Establishment/Company:					
Address:			Fax:		Email:
Business Permit No.		Date Issued:		Valid Until:	
SEC Registration No.		Date Issued:			
ii. Family Undertaking					
<input type="checkbox"/> Parent		<input type="checkbox"/> Guardian		<input type="checkbox"/> Family member other than the parent, specify _____	

II. EMPLOYER'S WRITTEN UNDERTAKING

I, _____ of _____
(Name of Company Representative) (Position) (Name of Employer/Company)

representing the employer of the above-named child, shall institute measures to prevent the child's exploitation and discrimination, such as payment of minimum wage, hours of work, and other terms and conditions required by the law and shall ensure the protection, health, safety, morals, and normal development of the child during the course of his/her employment. As to employment or participation in public entertainment or information, I also certify that the child's employment will not involve production materials promoting alcoholic beverages, intoxicating drinks, tobacco and its by-products or exhibiting violence.

Done this _____ day of _____, 20__ at _____.

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20___. Affiant exhibited his/her
 Community Tax No. _____ issued on _____ at _____.

NOTARY PUBLIC

Doc. No. _____;
 Page No. _____;
 Page No. _____;
 Series of 20 _____;

 Employer's Signature over Printed Name

 Designation/Position

III. EVALUATION/PROCESSING OF REQUIREMENTS

A. CHECKLIST OF REQUIREMENTS

RO	FO	
<input type="checkbox"/>	<input type="checkbox"/>	Duly accomplished notarized application form
<input type="checkbox"/>	<input type="checkbox"/>	Authenticated copy of Birth Certificate or Certificate of latest Registration of Birth
<input type="checkbox"/>	<input type="checkbox"/>	Medical Certificate with the doctor's printed name and signature and license number
<input type="checkbox"/>	<input type="checkbox"/>	Proof of schooling (except when the child is below 7 years old)
		<i>Any of the following:</i>
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of enrolment
<input type="checkbox"/>	<input type="checkbox"/>	Current school identification card
<input type="checkbox"/>	<input type="checkbox"/>	Current Report Card
		<i>If the child is not enrolled:</i>
<input type="checkbox"/>	<input type="checkbox"/>	A brief description of the program for education, training and skills acquisition for the child based on the program developed by DepEd for formal, non-formal and alternative learning systems of education or by the TESDA
<input type="checkbox"/>	<input type="checkbox"/>	Two passport size ID pictures of the child
<input type="checkbox"/>	<input type="checkbox"/>	Valid ID of Parent or Guardian for Family undertaking and Proof of Legal Guardianship for legal guardians
<input type="checkbox"/>	<input type="checkbox"/>	Certified True Copy of Employer's Business Permit/ SEC Registration/License of the Employer for employer in public entertainment and information
<input type="checkbox"/>	<input type="checkbox"/>	Notarized Contract of Employment or Agreement- Terms and Conditions of employment including hours of work, number of working days, remuneration, and rest period
<input type="checkbox"/>	<input type="checkbox"/>	Payment of application fee of P100.00

B. INFORMATION ON INTERVIEW CONDUCTED

Date of Interview: _____

Person Interviewed : _____

Presence of the Child

Parent (Mother/Father) Employer Representative
 Legal Guardian

Yes
 No

Remarks: _____

 Interviewer/Evaluator

C. RECOMMENDATION IN THE APPLICATION (DOLE FIELD OFFICE)

Recommending issuance of Working Child Permit considering that the applicant has complied with all the documentary requirements

Recommending Disapproval due to failure to comply with the requirements of R.A 9231 and D.O. 65-04

Other remarks:

Evaluated by

Recommend for Approval
 Issue Letter of Disapproval

FO Evaluator

FO Head

Date: _____

Date: _____

IV. APPROVAL/DISAPPROVAL (Regional Office)

Recommending issuance of Working Child Permit considering that the applicant has complied with all the documentary requirements

Recommending Disapproval due to failure to comply with the requirements of R.A 9231 and D.O. 65-04

Other remarks:

Evaluated by

Recommend for Approval
 Issue Letter of Disapproval

TSSD Evaluator

TSSD Head

Date: _____

Date: _____

Approved

Regional Director

Date: _____