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Issuance No	2



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
 Regional Office No. 1



APPLICATION FOR WORKING CHILD PERMIT

I. APPLICATION FORM				1 x 1 Photo											
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															
Terms and Conditions															
Title of Project/Activity:			Talent Fee:												
Description of the role of the child															
Date/s	Location (Specify details)	Call time	No. of Hours of Work												
Note: Please use extra sheet if necessary The following are provided to the child: <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> comfortable workplace and adequate quarters</td> <td><input type="checkbox"/> all the necessary assistance to ensure adequate and immediate medical and dental attendance and treatment to an injured or sick child in case of emergency</td> </tr> <tr> <td><input type="checkbox"/> break or rest periods in comfortable day beds or couches</td> <td><input type="checkbox"/> others, please specify _____</td> </tr> <tr> <td><input type="checkbox"/> clean and separate dressing rooms and toilet facilities for boys and girls</td> <td></td> </tr> <tr> <td><input type="checkbox"/> adequate meals and snacks and sanitary eating facility</td> <td></td> </tr> </table>				<input type="checkbox"/> comfortable workplace and adequate quarters	<input type="checkbox"/> all the necessary assistance to ensure adequate and immediate medical and dental attendance and treatment to an injured or sick child in case of emergency	<input type="checkbox"/> break or rest periods in comfortable day beds or couches	<input type="checkbox"/> others, please specify _____	<input type="checkbox"/> clean and separate dressing rooms and toilet facilities for boys and girls		<input type="checkbox"/> adequate meals and snacks and sanitary eating facility					
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ii. For family undertaking															
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:															
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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

Parent Guardian 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 issued by PSA
<input type="checkbox"/>	<input type="checkbox"/>	Medical Certificate with the doctor's printed name and signature and license number (valid within 1 month from date of issuance)
<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"/>	Certified True Copy of Current Report Card
		<i>If the child is not enrolled:</i>
<input type="checkbox"/>	<input type="checkbox"/>	Notarized Affidavit that the child shall be enrolled in the next school year
<input type="checkbox"/>	<input type="checkbox"/>	Two passport size ID pictures of the child
	<input type="checkbox"/>	When the employer is the parent, guardian, or a family member other than the parent of the child
	<input type="checkbox"/>	<input type="checkbox"/> For legal guardian - Authenticated proof of legal guardianship
	<input type="checkbox"/>	<input type="checkbox"/> For family member - Proof of relationship to the child
	<input type="checkbox"/>	<input type="checkbox"/> In case of death, absence or unsuitability of both parents and in the absence of a legal guardian, the child's guardian shall be required to submit proof of relationship to the child and a Notarized Affidavit explaining the reason for exercising substitute parental authority over the child
		In accordance with Article 216 of the Family Code, the following shall be the order of preference on substitute parental authority
	<input type="checkbox"/>	child's surviving grandparent
	<input type="checkbox"/>	child's oldest brother or sister over 21 years of age, unless unfit or disqualified; and
	<input type="checkbox"/>	child's actual custodian over 21 years of age, unless unfit or disqualified
<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)
 Legal Guardian

Employer Representative

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 Focal Person

TSSD Head

Date: _____

Date: _____

Approved

Regional Director

Date: _____

DISCLAIMER

The personal information you provided us will be used for legal or legitimate purpose only, and it will be kept, maintained and stored in DOLE database. If your personal information is used for different purpose by unauthorized person or entity without fault or negligence on the part of DOLE, it assumes neither responsibility nor liability.

In case DOLE shares your personal information for legal or legitimate purpose with any other person or entity thru Data Sharing Agreement in conformity with Data Privacy Act of 2012, and data privacy is breached without fault or negligence on the part of DOLE, it likewise assumes no responsibility.