



**WORKING CHILD PERMIT
 APPLICATION FORM**



New application
 Succeeding application
 Child's ID No. _____

PERSONAL DATA OF THE CHILD

Name of Child: _____
 (Last Name) (First Name) (Middle Name)
 Home Address: _____ Contact Details: _____
 Date of Birth: _____ Place of Birth: _____ Age: _____
 Sex: Male Female Education: Grade level (specify if applicable) _____

NAME OF PARENTS/GUARDIAN

Father: _____ Occupation: _____ Contact No.: _____
 Mother: _____ Occupation: _____ Contact No.: _____
 Guardian: _____ Occupation: _____ Contact No.: _____

A. FOR PUBLIC ENTERTAINMENT OR INFORMATION

Terms and Conditions

Title of Project/Activity: _____ Talent Fee _____
 Description of role of the child: _____

Date/s	Location (Specify details)	Call Time	Duration of Work (Time Start/End)

Note: Please use extra sheet if necessary

The following are provided to the child:

- comfortable workplace and adequate quarters
- break or rest periods in comfortable day beds or couches
- clean and separate dressing rooms and toilet facilities for boys and girls
- adequate meals and snacks and sanitary eating facility
- 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
- others, please specify _____

Data on Employer

Producer Advertiser Ad Agency Talent Caster Talent Agent Talent Manager Others, specify _____

Name of Establishment/Company: _____ Tel. No.: _____

Address: _____ Fax: _____ E-mail: _____

Business Permit No./Mayor's Permit No.: _____ Date Issued: _____ Valid Until: _____

If for renewal, Official Receipt No.: _____

B. FOR FAMILY UNDERTAKING

The child works under the sole responsibility of parent guardian family member other than parent, specify _____

Nature of business/undertaking: _____ Location: _____

Specify the child's activity or work: _____

I hereby certify that the information contained herein are true and correct to the best of my knowledge.

 Printed Name and Signature of Employer

 Designation

 Printed Name and Signature of Authorized
 Network Representative, if for Television

 Printed Name and Signature of
 Parent/Guardian

Doc. No.: _____
 Page No.: _____
 Book No.: _____
 Series of 20 _____

Date received: _____

Received by: _____

CLAIM STUB FOR WORKING CHILD PERMIT

DOLE Regional Office:	Field Office:
Date and Time of Release:	
Child's Name:	Child's ID No. (if available):
Claimant's Name and Signature: _____ Date and Time Claimed: _____	
<input type="checkbox"/> Parent <input type="checkbox"/> With Authorization Letter <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Guardian <input type="checkbox"/> Employer <input type="checkbox"/> Representative of Employer	
If Working Child Permit Card is not claimed before the validity period, it shall be presumed that the child worked without Working Child Permit.	