



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Regional Office No. 8



Working Child's Permit
APPLICATION FORM

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: _____ Male Female Height: _____ Weight: _____
Education: In-school Out-of-School Pre-School Not Applicable

NAME OF PARENTS/GUARDIAN

Father: _____ Occupation: _____
Mother: _____ Occupation: _____
Guardian: _____ Occupation: _____

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 _____

i. For family undertakings

The child works under the sole responsibility of parent guardian

Specify the child's activity or work _____

TERMS AND CONDITIONS

Duration: _____
Start (day/month/year) _____ End (day/month/year) _____
No. of hours of work/day _____ **Role** _____
Daily work schedule/day _____ Location (pls. Specify exact details) _____
Remuneration _____

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 _____

DATA ON EMPLOYER

1. Public entertainment or information

<input type="checkbox"/> Producer	<input type="checkbox"/> Advertiser	<input type="checkbox"/> Ad Agency	<input type="checkbox"/> Talent Caster	<input type="checkbox"/> Talent Agent	<input type="checkbox"/> Talent Manager
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Name of Establishment/Company: _____ Tel. No.: _____
Address: _____ Fax: _____ E-mail: _____
Business Permit No.: _____ Date Issued: _____ Valid Until: _____
SEC Reg. No.: _____ Date Issued: _____

2. Family Undertaking

Parent

Guardian

Family member other than the parent, specify

DOCUMENTS SUBMITTED

FIRST APPLICATION

Birth Certificate or Certificate of Latest Registration of Birth

Notarized Employment Contract

Medical Certificate

Proof of schooling (any of the following)

Certificate of Enrollment

Current school identification card

Report Card

2 Passport Size Photographs

Application Fee

SUCCEEDING APPLICATION

Original WCP Card

Application Form

Employment Contract

Medical Certificate

Certificate of Enrollment

Current school identification card

Report Card

2 Passport Size Photographs

Application Fee

If child is not enrolled, describe program for education, training and skills acquisition for the working child:

ADDITIONAL DOCUMENTS SUBMITTED:

Public entertainment/information

Certified true copy of Business Permit or Certificate of Registration

Family Undertaking

For parent, legal guardian or other member of the family (any of the following):

Latest passport

Latest postal/company identification card

Driver's License

For legal guardian

Authenticated proof of legal guardianship

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

Printed Name & Signature of Employer

Date Filed

Conforme:

Parent/Guardian