



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT

PM-NCR-03.06-F.01.R-02

Regional Office No. _____
Provincial/Field Office _____

**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.: _____ Date received: _____

Page No.: _____ Received by: _____

Book No.: _____

Series of 20 _____

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.