



OVERVIEW

Employers must complete this form to apply for a Child Employment Permit. Employers require a Child Employment Permit in order to hire a child who is under 16 years old except in particular circumstances.

WHAT YOU'LL NEED

To apply for a Child Employment Permit, you'll need a parent or guardian declaration (PDF) completed and signed by a parent or guardian of the child.

You'll also need the following information to fill out this form:

Part 1: About the employer

- The legal name, operating name, B.C. registry number, WorkSafeBC registration number, industry type, and contact information for the employer

Part 2: About the employer's director(s)

- The name, address, phone number and email address for each director of the business

Part 3: About the employer contact person

- The name, address, email address and phone number for a contact person at the employer

Part 4: About the application contact

- The name, address, email address and phone number for the contact person filling out this application (if different from above)

Part 5: About the parent(s) or guardian(s)

- The name, address, phone number and email address for a parent or guardian of the child

Part 6: About the child

- The child's name, date of birth and current grade level in school

Part 7: About the child's school

- If the child will work on any day when their school is in session, the school name and contact information for someone at the school

Part 8: About the child's employment

- The child's job title, rate of pay, start date, end date (if known) and daily and weekly hours
What type of work the child will perform, how they'll be trained and how they'll be supervised
Whether the employer has ever been non-compliant with any related legislation or subject to any WorkSafeBC penalties

Part 9: About the work location(s)

- The address of any location where the child will work

SUBMIT YOUR APPLICATION

For fast processing, we recommend submitting an online application found at:

http://services.labour.gov.bc.ca/ChildEmployment

You will receive an automatic email that confirms your registration.

You can also submit this application package by:

Mail: Employment Standards Branch
PO Box 9570 Stn Prov Govt
Victoria, BC V8W 9K1

Email: EmploymentStandards@esb.gov.bc.ca

Need help filling out this form? Get help in the language of your choice. Call toll-free 1-833-236-3700.

The personal information on this form is collected by the Province of British Columbia for the purposes of administering and enforcing the Employment Standards Act and/or the Temporary Foreign Worker Protection Act under the authority of s.26(a), (c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this information, please contact the Employment Standards Branch at PO Box 9570 Stn Prov Govt, Victoria, BC V8W 9K1, by phone: 1-833-236-3700 or by email: EmploymentStandards@esb.gov.bc.ca.

PART 1: ABOUT THE EMPLOYER

Legal business or organization name		Operating name (if different)	
B.C. registry number		WorkSafeBC registration number	
What type of business does the employer perform?		Telephone number	
Email address		Website	
Street address	Apartment, suite, unit, floor etc.	City	
Province/Territory/State	Country	Postal Code	

PART 2: ABOUT THE EMPLOYER'S DIRECTOR(S)

You must provide information about each director of the business. If you need to include more than one director, you can print this page multiple times.

First name	Middle name	Last name	
Preference for being addressed		Other names they're known by	
Email address		Telephone number	
Street address	Apartment, suite, unit, floor etc.	City	
Province/Territory/State	Country	Postal Code	

PART 3: ABOUT THE EMPLOYER CONTACT PERSON

First name	Middle name	Last name	
Preference for being addressed		Position or job title	
Email address		Telephone number	
Street address	Apartment, suite, unit, floor etc.	City	
Province/Territory/State	Country	Postal Code	

PART 4: ABOUT THE APPLICATION CONTACT

Provide information about the person filling out this form, if different from above.

First name	Middle name	Last name
Preference for being addressed	Relationship to the child	
Email address	Telephone number	
Street address	Apartment, suite, unit, floor etc.	City
Province/Territory/State	Country	Postal Code

PART 5: ABOUT THE PARENT(S) OR GUARDIAN(S)

First name	Middle name	Last name
Preference for being addressed	Relationship to the child	
Email address	Telephone number	
Street address	Apartment, suite, unit, floor etc.	City
Province/Territory/State	Country	Postal Code

PART 6: ABOUT THE CHILD

First name	Middle name	Last name
Preference for being addressed	Other name(s)	
Current grade level in school	Date of birth	

PART 7: ABOUT THE CHILD'S SCHOOL

Will the child work when school is in session?

Yes (Fill out school information below)

No

(For example, if school is in session from September to June and the child will work for any time during that period, answer 'Yes' and fill in the section below)

School name

School contact name

School contact role (for example, 'teacher' or 'principal')

Email address

Telephone number

PART 8: ABOUT THE CHILD'S EMPLOYMENT

Job title

Rate of pay

What job duties will the child perform?

(You must provide a complete description of any work the child will be asked to perform while working for the employer)

Are all of the above duties considered light work?

Yes

No

Will the child's work include any of the tasks listed below?

Yes

No

- Repairing, maintaining or operating machinery, tools or other equipment that could harm the child
- Entering or working at a place where a minor cannot legally enter or work
- Entering or working at a site of construction, heavy manufacturing or heavy industrial work or other work that could harm the child
- Entering or working in a place designed to retain a low oxygen or toxic environment
- Entering a walk-in freezer or cooler except to retrieve an item
- Working with goods or providing services that a minor cannot legally distribute, purchase, use or consume
- Working with or exposure to hazardous chemicals or materials as defined in section 13 of the Worker's Compensation Act

Expected start date

End date (if known)

Average hours per day

Average hours per week

Hours of work (Provide the earliest start time and latest end time for each day below – for example, “4:00 pm to 6:00 pm”)						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Describe the training the child will receive:						
Describe how the child will be supervised during work hours:						
Has the employer or any of its directors, partners or owners ever been found to be in non-compliance with any of the following? (Select all that apply)						
<input type="checkbox"/> Employment Standards legislation <input type="checkbox"/> Workers Compensation Act or Occupational Health & Safety Regulation (OHSR)						
Has the employer or any of its directors, partners or owners ever been penalized by WorkSafeBC?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						

PART 9: ABOUT THE WORK LOCATION(S)

You must provide all locations where the child will work. If you need to include more than one work location, you can print this page multiple times.

Street address	Apartment, suite, unit, floor etc.	City
Province/Territory/State	Country	Postal Code