

**SECTORAL
DETERMINATION 10:
CHILDREN IN
PERFORMANCE OF
ADVERTISING, ARTISTIC
AND CULTURAL
ACTIVITIES.**

Clause: 2

READ THIS FIRST



**WHAT IS THE PURPOSE
OF THIS FORM?**

This form is an application for a permit to involve children under the age of 15 years in the performance of advertising, artistic and cultural activities.

**WHO FILLS IN THIS
FORM?**

The employer.

**WHERE DOES THIS
FORM GO?**

The Executive Manager:
Employment Standards, Private
Bag X117, **PRETORIA**, 0001

INSTRUCTIONS

- Part C must be completed for each child that an employer intends to employ.

Attach the following:

- Proof of consent by parent/guardian.
- Proof of age of each child.
- Rehearsal/Performance/ Time Schedule

NOTE

A Department of Labour official may conduct an inspection to verify the information or seek more information in relation to your application.

If there is insufficient space on the form use a separate paper.

**DEPARTMENT OF LABOUR
APPLICATION FOR A PERMIT**

N.B. ALL APPLICABLE FIELDS MUST BE COMPLETED

A. EMPLOYER PARTICULARS

(COMPLETE SECTION 2 FOR INDIVIDUAL EMPLOYERS OR SECTION 3 FOR ORGANIZATION)

1. FULL NAME OF EMPLOYER OR COMPANY TRADING NAME

.....

2. PLEASE COMPLETE IF APPLICATION IS ON BEHALF OF AN

INDIVIDUAL

2.1. ARE YOU A SOUTH AFRICAN CITIZEN?

- YES NO

2.2. TYPE OF IDENTIFICATION PROVIDED

- ID PASSPORT WORK PERMIT

NUMBER :.....

(Supply at least one of the following)

UIF REFERENCE NUMBER :.....

SARS NUMBER :.....

COMPANY REGISTRATION NUMBER :.....

**COMPENSATION COMMISSIONER REGISTRATION
NUMBER :.....**

**3. PLEASE COMPLETE IF APPLYING ON BEHALF OF AN
ORGANISATION**

(Supply at least one the following)

UIF REFERENCE NUMBER :.....

SARS NUMBER :.....

COMPANY REGISTRATION NUMBER :.....

**COMPENSATION COMMISSIONER REGISTRATION
NUMBER :.....**

4. NATURE OF BUSINESS

- Advertising Artistic Cultural
- Broadcasting Modeling Other

(Specify if other).....

5. HOW DO YOU PREFER TO BE NOTIFIED?

POST **FAX**

6. POSTAL ADDRESS

.....
.....
.....

POSTAL CODE

TEL. NO. (.....) **FAX. NO. (.....)**

E-MAIL:

PROVINCE: **Eastern Cape** **Free State** **Gauteng**

 KwaZulu-Natal **Limpopo** **Mpumalanga**

 Northern Cape **North-West** **Western Cape**

7. NATURE OF BUSINESS CONDUCTED

.....

8. CONTACT PERSON (S)

.....

9. STREET ADDRESS

.....
.....

TOWN/ SUBURB :.....**POSTAL CODE :**.....

PROVINCE: **Eastern Cape** **Free State** **Gauteng**

 KwaZulu-Natal **Limpopo** **Mpumalanga**

 Northern Cape **North-West** **Western Cape**

B. DETAILS OF APPLICATION

1. MOTIVATION AND REASONS WHY THE APPLICATION FOR THE PERMIT SHOULD BE GRANTED:

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2. CHILDREN WILL BE INVOLVED IN THE FOLLOWING PROJECTS:

- Acting Advertising Broadcasting Dancing
 Modeling Singing Other

(Specify if other).....

3. PERIOD FOR WHICH PERMIT IS SOUGHT: From:..... To:

4. NUMBER OF CHILDREN INVOLVED IN THE FOLLOWING AGE GROUPS:

Aged 10 but younger than 15 years:

Aged 5 but younger than 10:

Aged younger than 5:

TOTAL NUMBER OF CHILDREN INVOLVED:

5. SIGNATURE:

NAME:

POSITION :

DATE:

C. INFORMATION REQUIRED FOR EACH CHILD:

(To be completed for each child to be employed. Copies can be made and be attached.)

1. Full name of the child as per Birth Certificate/Passport/Work permit:

Surname.....

First Name(s).....

2. Is the child a South African Citizen? YES NO

3. Type of ID provided: Birth Certificate Work permit Passport

4. Birth Certificate/Passport/Permit number of the child:

5. Date of birth: Age of Child:

6. Gender of the child: Male Female

7. Indicate how often the child is going to work/performance per day and week:

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Days of week: (tick)							
No. of working hours per day							
No of hours per day present at the workplace							

No of working hours per week:

No of hours present at the workplace:

8. Is the child currently attending an educational institution? Yes No

(a) Will this work/performance affect attendance? Yes No

(b) If yes, what arrangements will be made:

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9. Proof of consent (Attached) Yes No

10. Proof of age (Attached) Yes No