

APPLICATION

(To be filled in by the employer or the lawful representative thereof)

Head of the Occupational Safety and Health Department
of the Labour Affairs Bureau of the MSAR

Topic: Application to request assistance in the organization of physical checkups for minors and in the obtainment of the corresponding medical certificates

The entity / employer _____¹
(address: _____²; contact number: _____³),
wishes to employ _____ minors described in the table below:

No.	Name	Identification document type and no.	Age	Summary of the nature and characteristics of the work to be provided
1.				
2.				
3.				

I hereby request the assistance of the Occupational Safety and Health Department in the organization of physical checkups and the obtainment of the corresponding medical certificates for the abovementioned _____ minors prior to / during their employment. To this end, I have attached a total of _____ declarations of consent from the abovementioned minors.

For any further information please contact the representative of the entity / employer, Mr. / Ms. _____, via telephone _____, fax _____ or email _____.

Best Regards

Signature of the entity / employer or of the lawful
representative thereof and company chop

_____ of _____ of _____
(day/month/year)

Note:

1. Name of the employer or entity that intendsto employ the minor(s).
2. Address of the employer, the establishment or as specified in the Declaration of Commenent of Trade.
3. Contact number of the employer.
4. All of the information provided in this application is true and correct.



Direcção dos Serviços para os Assuntos Laborais

To be filled in by a DSAL officer

Application date: ____ / ____ / ____ (day / month / year)	Application no.: _____ - 20 ____
Signature of the DSAL officer who received the application:	Date of receipt: ____ / ____ / ____ (day / month / year)
DSAL enquiry hotline : 2871 9936	Exam venue:

Note: The entity / employer may, at the Labour Affair Bureau's request, submit copies of additional required documents.