

Application Form for Work Applicable to the Regulations Governing the Determination Criteria and Inspection of No Harm to Mental and Physical Health in Article 45 of the Labor Standards Act

* One application form per worker.

Application Number (for official use only):				
A. Application Form				
Basic Information of Applicant	Status	<input type="checkbox"/> Legal person or organization <input type="checkbox"/> Natural person		
	Basic information of legal person or organization	Name		Number of people insured under labor insurance _____ people
		Tax number		Name of industry (See Note 1)
		Name of responsible person		Contact person
	Basic information of natural person	Full name		National ID number
		Name of industry (See Note 1)		
	Contact address	Please provide complete street address including postal code:		
	Contact information	Daytime phone: Mobile phone: Fax: E-mail:		
Full name		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Taiwan national	National ID number:			

	Indigenous people	<input type="checkbox"/> Plain-land indigenous peoples <input type="checkbox"/> Mountain indigenous peoples		
	Foreign national	Passport number:		
	Date of birth	(MM/DD/YYYY)	Level of education (See Note 2)	<input type="checkbox"/> Preschool <input type="checkbox"/> Primary <input type="checkbox"/> Junior high <input type="checkbox"/> Dropout <input type="checkbox"/> Homeschooled
Personal Information of Worker under 15	Relationship with employer or person accepting labor (See Note 3)	<input type="checkbox"/> Employment relationship <input type="checkbox"/> Directly providing labor with no employment relationship <input type="checkbox"/> Providing labor through a third party with no employment relationship		
	Relationship with legal representative	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other		
	Contact address	Please provide complete street address including postal code:		
	Contact numbers	Daytime phone: _____ Mobile phone: _____		
	Place of work (By city or county) (See Note 4)			

<p>The content of the work (See Note 5)</p>	<p><input type="checkbox"/> When engaging in radio, television and motion picture performances, stage and circus performances, filming of commercials, modeling, talent and folk arts performances, the worker shall be accompanied by a legal representative at the workplace</p> <p><input type="checkbox"/> Food service workers, at hotels, in restaurants and other places engaged in catering-related services</p> <p><input type="checkbox"/> Sales workers and demonstrators, displaying and selling goods in stalls, markets, wholesale and retail stores and selling goods door-to-door, over the phone or online</p> <p><input type="checkbox"/> Distributing flyers</p> <p><input type="checkbox"/> Elementary laborers to perform simple and routine labor work, such as cleaning and free-hand work, moving materials, waste collection, manual sorting or packaging</p> <p><input type="checkbox"/> Skilled agricultural, forestry, fishery and animal husbandry workers, engaged in crop cultivation, animal feeding, forest planting work with logging, aquaculture and fishing</p> <p><input type="checkbox"/> Other work(please specify): _____</p>
<p>Period of work</p>	<p>From(MM/DD/YYYY) to (MM/DD/YYYY) (Maximum of one year)</p>
<p>Number of working days during semester breaks (may choose more than one) (See Note 6)</p>	<p><input type="checkbox"/> Winter break: From (MM/DD/YYYY) to (MM/DD/YYYY) (Total days of winter break: __ day(s); total days of work: __ day(s))</p> <p><input type="checkbox"/> Summer break: From (MM/DD/YYYY) to (MM/DD/YYYY) (Total days of summer break: __ day(s); total days of work: __ day(s))</p> <p><input type="checkbox"/> Other (please specify): _____ From (MM/DD/YYYY) to (MM/DD/YYYY) (Total days of break: __ day(s); total days of work: __ day(s))</p>

	Insurance (See Note 7)	Labor Insurance, Labor Occupational Accident Insurance or commercial insurance	Refer to Attachment 1 “Labor Insurance, Labor Occupational Accident Insurance or commercial insurance plans”.		
		National Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Wages	<input type="checkbox"/> By hour: NTD _____/hour <input type="checkbox"/> By day:NTD _____/day <input type="checkbox"/> By month: NTD _____/month <input type="checkbox"/> By episode: NTD _____/episode <input type="checkbox"/> Other(please specify):_____			
Please use Attachment 2 “Timesheet for Regulations Governing the Determination Criteria and Inspection of No Harm to Mental and Physical Health in Article 45 of the Labor Standards Act” to record working hours, break times, and regular days off.					
Please state clearly how the nature and environment of the work are not dangerous and do not affect the mental and physical health of the workers. (Please be as specific as possible for assessment.)					

B. Letter of Consent from Legal Representative(s) (See Note 9)

I understand the content and nature of the work stated in this application and related documents. I also confirm that said work is in compliance with regulations of the Labor Standards Act and related laws and regulations. I have evaluated the content and nature of the work to be not dangerous and not affecting mental and physical health, and schoolwork. I agree to allow (name) (DOB MM/DD/YYYY): to provide labor to the applicant, and I will take responsibility for supervision.

Sincerely, _____ Government

Legal Representative (signature or seal):

☐ Father/ Mother:

National ID Number:

Contact Address and Phone Numbers (mobile phone included):

☐ Mother/ Father:

National ID Number:

Contact Address and Phone Numbers (mobile phone included):

☐ Legal Guardian:

National ID Number:

Contact Address and Phone Numbers (mobile phone included):

Date (MM/DD/YYYY):

C. Letter of Consent from School (See Note 10)

We, at the Primary/Junior High School of County/City, having thoroughly read the content of this application and related documents, and having assessed the education rights and the mental and physical health of the student, agree to allow (name) (DOB MM/DD/YYYY): to provide labor to the applicant while enrolling at this school.

Contact Staff (signature or seal):

Supervisor (signature or seal):

Principal (signature or seal):

Official School Seal

Date (MM/DD/YYYY):

I certify the information provided above is true.

Signature and seal of applicant (If the applicant is a legal person or an organization, the signature and seal of the responsible person, and the seal of the organization):

Note:

1. For legal persons or organizations, list the type of industry by class according to the Statistical Classification of Industries; for natural persons, list the type of industry by division. Please refer to the National Statistics Republic of China(Taiwan) website at <https://eng.stat.gov.tw/ct.asp?xItem=5008&ctNode=1528> for proper listings.
- 2-1. For the summer between the time the worker has graduated from kindergarten but has yet to begin compulsory primary education, please check “primary”. For the summer between the time the worker has graduated from compulsory primary education but has yet to begin compulsory junior high education, please check “junior high”.
- 2-2. Homeschooling is experimental education in the form of non-school in compliance with Article 4 Paragraph 4 of the Primary and Junior High School Act.
- 3-1. “Employment relationship” refers to workers under the age of fifteen that have not graduated from junior high school and who are directly hired by the employer.
- 3-2. “Directly providing labor with no employment relationship” refers to workers under the age of fifteen who directly provide labor and receive payments but do not have employment relationship, i.e., advertisement companies hiring child actors for the filming of commercial and paying such actors for their performances.
- 3-3. “Providing labor through a third party with no employment relationship” refers to workers under the age of fifteen who provide labor through a third party but do not have employment relationship, i.e., child actors performing in television programs through the arrangement of their agents.
4. If the place of work is in more than one county or city, please list all workplace locations.
5. The contents of the work shall be revised in accordance with the 6th revision of the occupational standard classification occupational name and the description of the work content by the Directorate-General of Budget, Accounting and Statistics, and in accordance with Article 3 of the Regulations Governing the Determination Criteria and Inspection of No Harm to Mental and Physical Health in Article 45 of the Labor Standards Act (hereinafter referred to as “the Regulations”), workers are not allowed to perform work if any of the following conditions exist: working in tunnels and restricted spaces; working suspended in the air and on high scaffolding; working in water, on water surfaces, and on shorelines without safety protection measures; working in conditions where the lighting and noise affect mental and physical health; works that involve the spraying of agricultural pesticides, and the administration of drugs to and the disinfection of live poultry, livestock, and aquaculture; works that violate public order and boni mores; works evaluated by a medical doctor to be beyond the burden of the workers’ physical and mental capacity; works that are prohibited by the Occupational Safety and Health Act, the Protection of Children and Youths Welfare and Rights Act, and by other laws and regulations; and other works that have been determined by the competent authority to be impeding mental and physical health.
6. According to Article 4 of the Regulations, the number of working days during the semester breaks should not be more than 2/3 of the total days of the break. Articles 47 and 48 of the Act apply to the number of working hours. Work is not allowed within seven days from start of the semester. The total number of working days during the semester means the vacation time between semesters, e.g., summer vacation, winter vacation, etc.
7. According to Article 6 of the Regulations, employers or those accepting labor shall apply for insurance for the workers in compliance with the Labor Insurance Act, Labor Occupational Accident Insurance and Protection Act or the National Health Insurance Act so the workers can become the insured persons; for those workers who do not have to apply for insurance in accordance with the Labor Occupational Accident Insurance and Protection Act, employers or those accepting labor shall enroll them in commercial insurance or labor occupational accident insurance according to Article 10 of the Labor Occupational Accident Insurance and Protection Act.
8. According to Subparagraph 4 of Paragraph 1 to Article 7 of the Regulations, employers or those accepting labor shall apply for permit with the municipal city, county (city) governments (hereinafter referred to as “regional competent labor authority”) where the labor services are provided, 20 to 90 days prior to the day the workers provide such labor services. Labor insurance, labor occupational accident insurance or commercial insurance plans and other documents shall be included at the time

of application. In addition, according to Paragraph 2 to this Article, employers or those accepting labor shall submit proofs of insurance to the regional competent authority for reference within ten days from the day the labor services are provided by the workers.

9. The letter of consent from legal representative(s) must be signed by the legal representative(s) of the worker under the age of fifteen.

- a. If the parents are the legal representatives of the underage child, the letter of consent from the legal representative(s) will be considered in compliance with the provisions of Subparagraph 6, Paragraph 1, Article 7 of the Regulations, as long as it is signed by one of the legal representatives.
- b. Underage workers with no parents, or whose parents cannot take legal action or be responsible for the rights of the underage children, shall have the consent of the legal guardian. Proof of legal guardianship should be submitted.

10. The letter of consent from the school should be signed by the school where the worker under the age of fifteen enrolled for their compulsory education.

- a. The letter of consent must contain the school's official seal.
- b. A copy of the academic calendar for the applied period of work.
- c. If the student transferred school, apply for permit change in accordance with Article 9 of the Regulations.
- d. Foreign students who do not enroll in schools in Taiwan do not need to include a letter of consent from the school.
- e. Dropouts must submit a letter of consent from the school of their school district.
- f. A letter of consent from the school of the worker's school district is still needed for the summer between the time the worker has graduated from kindergarten but has yet to begin compulsory primary education, and the summer between the time the worker has graduated from compulsory primary education but has yet to begin compulsory junior high education.

11. One application form per worker.

12. After the permit is approved by the regional competent authority, changes made to the documents submitted according to Article 7 Paragraph 1 must be submitted with the original documents by the employers or those accepting labor and request for change of permit in accordance with the provisions of Article 7; the period of validity terminates at the time the original permit terminates.

13. In accordance with Article 12 of the Regulations, the competent authority must register each of the information listed in Article 7 Paragraph 1 at the data system designated by the central competent authority. The competent authority may use the registered information for research and statistical use.

14. Please include the following documents at the time of application:

- a. Photocopies of proof of identity, proof of company registration or business registration, proof of factory registration and license for specially permitted businesses of the employers or those accepting labor.
- b. Photocopies of household register or passport of the worker.
- c. Labor Insurance, Labor Occupational Accident Insurance or commercial insurance plans and photocopies of the national health insurance card.
- d. Timesheet for Regulations Governing the Determination Criteria and Inspection of No Harm to Mental and Physical Health in Article 45 of the Labor Standards Act.

Attachment 1

Labor Insurance, Labor Occupational Accident Insurance or commercial insurance plans

We/I will apply for insurance for (name) (DOB MM/DD/YYYY) as listed below (may choose more than one):

☐ Labor Insurance

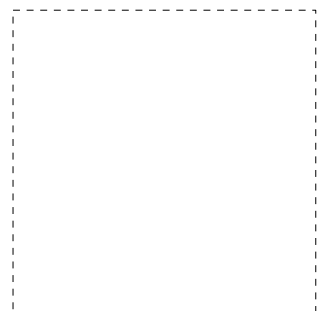
☐ Labor Occupational Accident Insurance

☐ commercial insurance (please specify): _____

We/I clearly recognize that according to Paragraph 2 of Article 7 of the Regulations Governing the Determination Criteria and Inspection of No Harm to Mental and Physical Health in Article 45 of the Labor Standards Act, We/I shall submit proofs of insurance to _____ Government for reference within ten days from the day the labor services are provided by the workers.

Signature and seal of applicant

(If the applicant is a legal person or an organization, the signature and seal of the responsible person, and the seal of the organization)



Date (MM/DD/YYYY):

Attachment 2: Timesheet for Regulations Governing
the Determination Criteria and Inspection of No
Harm to Mental and Physical Health in Article 45 of
the Labor Standards Act

Week
○(MM)○(DD)○(YY
YY) to
○(MM)○(DD)○(YY
YY)

Applicant:

	○(MM)○(DD)	○(MM)○(DD)	○(MM)○(DD)	○(MM)○(DD)	○(MM)○(DD)	○(MM)○(DD)	○(MM)○(DD)
Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
06:00							
07:00							
08:00							
09:00							
10:00							
11:00							
12:00							
13:00							
14:00							
15:00							
16:00							
17:00							
18:00							
19:00							
20:00							

Note 1: Please indicate the time worked using this form. Replicate if more spaces are needed.

Note 2: Please indicate the working hours and rest breaks. Choose a Saturday or Sunday each week as a full regular off day.