

EMPLOYMENT OF CHILDREN
Children & Young Persons Act 1933, 1963,
The Children (Protection at Work) Regulations 1998
Education Act 1996,
Wiltshire County Council Byelaws 1999

Please affix photograph of young person here.

PART A – Employers please complete this page

Pupil Details:

Surname Date of Birth

First name(s) Male/Female

Address

..... Post Code

Telephone No Name of Parent/Guardian

Employer's details:

Name of Company

Address of Company

Post Code Telephone No

Name of Contact Type of Business

Name and address of head office if different to above

..... Post Code

Contact Person Telephone No

Employer's Liability Insurance details:

Name of Insurer

Address of Insurer

Policy number Expiry date

Employment details:

Description of the work to be undertaken

Proposed hours to be licensed			Total number of hours per day
Monday to Friday School week	From	To
Monday to Friday School Holiday week	From	To
Saturdays	From	To
Sundays	From	To

EMPLOYER DECLARATION:

I hereby make an application for a permit to employ the above-named child. I fully understand the conditions attached to the employment of this child, including the need to carry out a risk assessment and undertake to provide the child's parents with any information on any risks to the health and safety of their child whilst in my employment and details of steps taken to eliminate or minimise that risk.

NOTE: Risk Assessment enclosed.

Yes/No

(If you answer no please give reasons)

Employer Signature:

Date:

PART B -To be completed by parent or guardian

(please delete as applicable)

Do you consider your son/daughter to be fit and healthy enough to carry out the employment?	YES/NO
Does he/she regularly attend school?	YES/NO
Has your child suffered any major illness or accident in the past three years? <input type="checkbox"/>	YES/NO
Is your son/daughter receiving any medical treatment at present?	YES/NO
Does he/she currently have another job? If YES, please provide details of employer and hours worked.	YES/NO
Have you been notified of the results of your child's Health and Safety Risk assessment carried out by the employer?	YES/NO
Signed: _____ (Parent or Guardian) Date: _____	

PART C - SCHOOL CERTIFICATE to be completed by school

Name and DCSF number of school attending	
Please answer the questions below so that the application can be fully considered	
Is the date of birth correct? YES/NO	If NO, please state correct date of birth
What time does morning school usually start?	am
Does he/she regularly attend school? YES/NO	School Attendance: %
Will the employment as outlined overleaf be likely to have a detrimental effect on the child's education?	YES/NO
<i>If YES, please comment briefly, or if preferred, write separately to the Local Education Team, but endorse this form to indicate that a report should be expected.</i>	
Signed Head Teacher/Head of Year	Date