## EMPLOYMENT OF CHILDREN

## Children \& Young Persons Act 1933, 1963, The Children (Protection at Work) Regulations 1998, Education Act 1996,

## Privacy Notice

By completing the following form, you confirm you have read and understood our Privacy Notice, which outlines how we intend to use your personal data.

Please read the Privacy Notice before continuing.
Please ensure all sections are fully completed - Failure to do so will delay your application
Part 1 - to be completed by Employer

## PUPIL DETAILS

| Surname | First Na |  |
| :---: | :---: | :---: |
| Date of Birth | Male or |  |
| Address |  |  |
| Post Code | Telephone Number |  |
| Name of Parent or Guardian | School |  |

EMPLOYER'S DETAILS

| Name of Company |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- |
| Address of Company |  |  |  |  |
| Post Code |  |  |  |  |
| Name and Address of Head Office if different from Above |  |  |  |  |
|  |  |  |  |  |
| Contact Name number |  |  |  |  |

EMPLOYER'S LIABILITY INSURANCE

| Name of Insurer |  |  |  |  |
| :--- | :--- | :--- | :--- | :---: |
| Address of Insurer |  |  |  |  |
| Policy Number |  |  |  |  |


| Proposed Hours to be Licensed (Please refer to the Permitted Hours information at the end of the form) |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- |
|  |  | From |  |  |
| Monday to Friday School Term |  |  |  |  |
| Monday to Friday School Holidays |  |  |  |  |
| Saturdays |  |  |  |  |
| Sundays |  |  |  |  |
| Employers Declaration |  |  |  |  |
| A COPY OF THE RISK ASSESSMENT MUST BE ATTACHED TO THIS APPLICATION |  |  |  |  |
| 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. |  |  |  |  |

Employer's Email Address:
Employer's Signature:
Date:

## Part 2 - To be completed by parent or guardian

| 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? | 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 <br> worked. | YES/NO |
| Have you been notified of the results of your child's Health and Safety Risk assessment carried out <br> by the employer? | YES/NO |
| I consent to my child being employed by the named employer. I am aware of the type of work he/she will be doing and <br> the hours he/she will be required to work. <br> I confirm that my child is medically fit to do work and in my opinion the employment stated will not affect his/her health or <br> education. I declare that to the best of my knowledge the information provided on this form is true. <br> Name: (Block Letters) ........................................................................................................... <br> Signed: ............................................................................................................................... <br> Relationship to Child: ............................................................................................................. <br> Email: |  |

## Part 3 - To be completed by school

| Name of school attending |  |
| :--- | :---: |
| Please answer the questions below so that the application can be fully considered |  |
| What time does morning school usually start? |  |
| What time does school usually finish? |  |
| Does he/she regularly attend school? | YES/NO |

Will the employment as outlined overleaf be likely to have a detrimental effect on the child's education? If YES, please comment briefly, or if preferred, write separately to the Local Authority, but endorse this form to indicate that a report should be expected.

## Permitted Hours of Work

## Term Time:

Children can work a maximum of 2 hours per school day: One hour in the morning between 7am - 8am and one hour between the end of school and 7 pm or 2 hours between the end of school and 7pm.

## Sundays:

Children can work a maximum of 2 hours on Sunday between the hours of 7am and 7pm

Saturday \& School holidays:
$13 \& 14$ year olds can work a maximum of 5 hours per day between 7am-7pm, up to a maximum of 25 hours per week in school holidays.

15 \& 16 year olds can work a maximum of $\mathbf{8}$ hours per day between $7 \mathrm{am}-7 \mathrm{pm}$, up to a maximum of 35 hours per week in school holidays. If children work for more than 4 hours they must have one hour break.

All ages are only allowed to work up to a maximum of 12 hours per week during term time. Children must have at least 2 consecutive weeks holiday per year.

Please note, Child Work Permits will not be issued unless the completed form and supplementary documents requested are provided and the proposed employment is agreed to be suitable.

An employer must not continue to employ a child if a permit is not granted.

Please return to:
Child Employment Officer - Inclusion and Achievement
Wat Tyler West, 2nd Floor
Beckhampton Street
Swindon
Wiltshire,
SN1 2JG

Tel: 01793465030
Email: Childlicence@swindon.gov.uk

