

EMPLOYMENT OF CHILDREN

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

<p>For WCC use</p> <p>Card No.</p>

Employers please complete this Page

Pupil Details

Surname Date of Birth

First name(s)

Address Post Code

.....

Telephone No. Name of Parent/Guardian

Employers 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

.....

Contact person Post Code

..... Telephone No

Employment details

Description of the work to be undertaken

Proposed hours to be licensed

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.

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?	YES/NO
Is your son/daughter receiving any medical treatment at present?	YES/NO
Does he/she currently have another job?	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 DfES number of school attending	
<i>Please answer the questions below so that the application can be fully considered.</i>	
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
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, address as below, but endorse this form to indicate that a report should be expected.</i>	
Signed Date	
Head Teacher/Head of Year/Tutor	

Any delay in the return of the form may make the employment illegal

THIS FORM TO BE RETURNED TO:

North and Kennet

Office Administrator
Local Education Team (Kennet)
Children and Families Branch
10 Prince Maurice Court
Hambleton Avenue
Devizes
Wiltshire
SN10 2TP
01380 720721

Salisbury

Team Admin Officer
Local Education Team (Salisbury)
Children and Families Branch
Wilton Rooms
c/o Wilton Middle School
The Hollows Wilton
Salisbury
Wiltshire
SP2 OJE
01722 743907

West

Team Admin Officer
Local Education Team (West)
Children and Families Branch
County Hall East Wing
Trowbridge
Wiltshire
BA14 8JQ
01225 713791

E-mail childemployment@wiltshire.gov.uk

(Copies of the byelaws may be obtained from the Local Education Team at the above address)