

TAMESIDE METROPOLITAN BOROUGH COUNCIL

CHILDREN’S SERVICES

EDUCATION WELFARE SERVICE

**EMPLOYMENT OF CHILDREN**

**APPLICATION TO EMPLOY A CHILD OF COMPULSORY SCHOOL AGE.**

**NO CHILDREN UNDER 13 YEARS OF AGE MAY BE EMPLOYED AND AT 13 YEARS OLD MAY ONLY WORK IN THE CATEGORIES LISTED OVERLEAF.**

**To be completed by employer within one week of employing the child. PLEASE USE BLOCK CAPITALS**

**RETURN WITH COPY OF CHILD’S BIRTH CERTIFICATE**

**I hereby give notice that I wish to employ:**

Child’s full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of proposed employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**fffrerreerr**

Full name of the employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trading as:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address and Telephone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Child’s employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOURS OF EMPLOYMENT**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Mon** | **Tues** | **Wed** | **Thur** | **Fri** | **Sat** | **Sun** |
| **Term**  **Time** | **From** |  |  |  |  |  |  |  |
| **To** |  |  |  |  |  |  |  |
|  | | | | | | | | |
| **School**  **Holidays** | **From** |  |  |  |  |  |  |  |
| **To** |  |  |  |  |  |  |  |

**Note allowed hours are:**

**Term Time: Maximum 12 hours per week as under:**

Weekdays - maximum of 2 hours per day, one of which may be before school but NOT before 7am or after 7pm and NOT during school hours.

Saturdays – Under 15 years – maximum 5 hours per day between 7am and 7pm.

15 years+ - maximum of 8 hours per day between 7am and 7pm.

Sundays – maximum of 2 hours between 7am and 7pm.

**School Holidays: Maximum of 25 hours or 35 hours per week subject to the following daily limits:**

Weekdays and Saturdays – Under 15 years – maximum 5 hours per day between 7am to 7pm.

15 year+ - maximum of 8 hours per day between 7am and 7pm.

Sundays – maximum of 2 hours between 7am and 7pm.

No child may work for more than 4 hours without a 1 hour rest break.

A child ceases to be of compulsory school age on the last Friday in June in the school year in which he/she reaches 16.

**DECLARATION TO BE SIGNED BY THE EMPLOYER**

* I have completed a Health and Safety risk assessment in respect of this work and notified the child’s parent/carer of any risks involved & any steps taken to reduce those risks. (PLEASE PROVIDE A COPY OF THE RISK ASSESSMENT WITH THIS FORM.)
* This child will have at least two consecutive weeks without employment during school holidays.
* PLEASE PROVIDE COPY OF LIABILITY INSURANCE WITH THIS FORM.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (Block capitals)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position in company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any problems supplying information please contact: Education Welfare 0161 342 2112 Email: [education.welfare@tameside.gov.uk](mailto:education.welfare@tameside.gov.uk) Correspondence address only: PO Box317 Ashton under Lyne, OL6 0GS.

DECLARATION TO BE SIGNED BY THE PARENT/CARER

* I consent to the employment referred to overleaf and have no reason to believe that it will adversely affect my child’s schoolwork or school attendance.
* I confirm that the particulars shown are correct and that my child is fit to undertake such work.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: The Local Authority may require the child to be medically examined before issuing an employment permit.*

**PLEASE RETURN THIS FORM TO:** Child Employment, [cee@tameside.gov.uk](mailto:cee@tameside.gov.uk) or Education Welfare Department, PO Box 317, Ashton under Lyne, OL6 OGS

***NOTES***

* An employment permit will be issued where the Local Authority is satisfied that the proposed employment is lawful

and that the child’s health, welfare or ability to take full advantage of his/her education will not be jeopardised.

* The permit will state the name, address and the date of birth of the child, the hours and the days on which he/she is to be employed, details of the task involved and the place of employment.
* A child may be employed only in accordance with the details shown.
* Any amendments to the child’s employment must be notified to the Local Authority for issue of an amended employment permit.

***PROHIBITED EMPLOYMENTS***

No child of any age may be employed:

* In a cinema, theatre, discotheque, dance hall or night club except in the performance given entirely by children or under a Child Performance Licence.
* To sell or deliver alcohol, except in sealed containers.
* To deliver milk.
* To deliver fuel oils.
* In a commercial kitchen.
* To collect or sort refuse.
* In any work that is more than three metres above ground or floor level.
* In employment involving harmful exposure to physical, biological or chemical agents.
* To collect money or sell or canvass door to door, except under the supervision of an adult.
* In work involving exposure to adult material or in situations which are for this reason otherwise unsuitable for children.
* In telephone sales.
* In any slaughterhouse or in that part of any butcher’s shop or other premises connected with the killing of livestock, butchery or the preparation of carcasses or meat for sale
* As an attendant or assistant in a fairground or amusement arcade or in any other premises used for the purposes of public amusement by means of automatic machines, game of chance or skill or similar devices
* In the personal care of residents of any residential care home or nursing home unless under the supervision of an adult

***PERMITTED EMPLOYMENT OF CHILDREN AGED 13***

* A child aged 13 may not be employed except in light work in one or more of the following specific categories:
* Agricultural or horticultural Work
* Delivery of Newspapers, journals and other printed material
* Shop work including shelf stacking
* Hairdressing Salons
* Office Work
* Car washing by hand in a private residential setting
* In a café or restaurant
* In riding stables
* Domestic work in hotels and other establishments offering accommodation.

Please return this form to Education Welfare Services, Hyde Town Hall, Market Street, Hyde. SK14 1AL.

Please answer the following questions

TAMESIDE METROPOLITAN BOROUGH COUNCIL

CHILDREN’S SERVICES

EDUCATION WELFARE SERVICE



**Medical Questionnaire**

Name of the child Date of birth

Address Telephone

School

Family doctor

Address

Failure to do so may result in an unnecessary medical examination

1. Does your child have any of the following?

Asthma or Chest trouble YES/NO

Heart Trouble YES/NO

Skin Problems YES/NO

Diabetes YES/NO

Fits or Epilepsy YES/NO

Physical Disability YES/NO

1. Does your child take any regular medication? YES/NO
2. Does your child have problems hearing? YES/NO
3. Does your child have poor vision? YES/NO
4. Is your child attending a hospital specialist? YES/NO

If Yes, please give details in the space provided below.

1. Is there anything else you would like the doctor to know? YES/NO

Please give details

1. I consider my child fit to undertake this work YES/NO

Certificate of Medical Examination (for office use only) Medical assessment? YES/NO

This is to CERTIFY that the pupil referred to above has been medically assessed and is fit/unfit to undertake the proposed employment.

Remark

Print name Base

Signed Date

(Community child Health Doctor)

Parent/ Guardian Endorsement

Signed Date