 **Blaenau Gwent County Borough Council**

EMPLOYMENT OF SCHOOL CHILDREN – APPLICATION FORM

CHILDREN AND YOUNG PERSONS ACT 1933 Sections 18(2) and 20(2)

Mae’r ffurflen hon hefyd ar gael yn y Gymraeg.

This form is also available in Welsh.

When completed this form should be returned within 7 days of commencement of the employment of the child.

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| TO BE COMPLETED BY THE PARENT OR GUARDIAN OF THE CHILD TO BE EMPLOYEDName of Child Employed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M /F Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please tick “YES” or “NO” to the following Yes No1. Is your child under the care of a doctor, consultant etc.? 2. Is your child prescribed medication on a regular basis? If you have answered “YES” to either of these questions please give more details including the name and address of the doctor or consultant. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I certify that my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_ does not have any medical condition or disability which might affect his/her suitability for the proposed employment. Do you wish for future correspondence in Welsh? Yes No Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child \_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_  |
| Irrespective of the above declaration the Local Authority retains the right to insist; in certain circumstances that a child has a medical examination to prove he/she is fit to work. |

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| TO BE COMPLETED BY THE HEADTEACHER Signature of Headteacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| TO BE COMPLETED BY THE EMPLOYERName of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Post Code: \_\_\_\_\_\_\_\_\_\_\_\_ Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address of place child to be employed (if different from business address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Manager/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
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| EMPLOYMENT DETAILSChilds job title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date employment is to commence \_\_\_\_\_\_\_\_\_\_\_\_ Details of tasks child is to undertake \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| HOURS AND DAYS OF WORK |
| DURING SCHOOL TERM – 12 Hours maximum | DURING SCHOOL HOLIDAYS – Max. 25 hrs ages 13/14 and 35 hrs ages 15/16 |
|  | From am | To am |  | From pm | To pm | From am | To am |  | From pm | To pm |
| Monday |  |  |  |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |  |  |  |  |

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| YOUNG PERSON’S RISK ASSESSMENTI have carried out a Young Person’s Risk Assessment which has been discussed with the child’s parent/guardian. I also confirm that the appropriate insurance cover is in place. Signature of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| UCHAFSWM ORIAU GWAITHa. On a school day no child shall be employed for more than 2 hours. A child may work either for one hour between 7.00am and 8.00am and one hour between the end of school and 7.00pm or 2 hours between close of school and 7.00pm. b. A child cannot be employed for more than 12 hours in any week in which a child is requested to attend school. c. On Saturdays and non-school weekends no child under the age of 15 years may be employed for more than 5 hours (at 15 years no more than 8 hours) and not before 7.00am or after 7.00pm. d. In the holidays no child under the age of 15 shall be employed for more than 25 hours a week (at 15 years no more than 35 hours) and not before 7.00am or after 7.00pm. e. On Sundays no child shall be employed for more than 2 hours and not before 7.00am or after 7.00pm. f. Every child must have at least two consecutive weeks without employment per year and these must fall within a period in a calendar year in which a child is not required to attend school. |

Please send completed application form with a passport size photo to:

EWO Service - Mail Redirections BGCBC, Central Depot, Barleyfields Industrial Estate, Brynmawr, NP23 4YF or lisa.adams@blaenau-gwent.gov.uk

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| For Office use only: Employment Permit No Date issued |