

Child Employment Application Form

FOR COMPLETION BY EMPLOYERS

Full name and address of employer:	
Contact Telephone Number:	
Email address:	

Place of employment if different from above (for newspaper distributors please state locality in which delivery will take place)

Please give a list of duties to be undertaken:

Hours to be worked (see guidance)

Hours	School Days			School Holidays		
	AM	PM	Total Hours	AM	PM	Total Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

DECLARATION BY THE EMPLOYER

I, the prospective employer, hereby make application for permission to employ the above named child in accordance with the foregoing particulars. I confirm that I have carried out a risk assessment of the employment and consider the child's health and safety will not be placed at risk by this employment.

Signed	
Date	
Name (block capitals)	

Term-time rules

No child can work during school hours or work more than 12 hours in any one week during term time.

This includes:

- a maximum of two hours on school days and Sundays
- a maximum of five hours on Saturdays for 13 to 14 year-olds
- a maximum of eight hours on Saturdays for 15 to 16 year-olds.

School holiday rules

During school holidays 13 to 14 year olds can work a maximum of 25 hours a week.

This includes:

- a maximum of five hours on weekdays and Saturdays
- a maximum of two hours on Sundays.

During school holidays 15 to 16 year olds can work a maximum of 35 hours a week.

This includes:

- a maximum of eight hours on weekdays and Saturdays
- a maximum of two hours on Sundays.

General rules

- a child cannot work before 7am or after 7pm on any day.
- a child cannot work for more than four hours without taking a break of at least one hour.
- a child must have two consecutive work-free weeks each year to be taken during the school holidays.

Please return all sections of the fully completed form, together with a risk assessment of the duties of the job, the COVID-19 safety measures you have in place and the PPE equipment you are providing to the: Education Welfare Central Team, Children's Services, Derbyshire County Council, Room 295/6 North Block, County Hall, Matlock Derbyshire DE4 3AG or via email to cs.ewscee@derbyshire.gov.uk

FOR COMPLETION BY PARENT/CARER**CHILD'S DETAILS**

Surname		Forename(s)	
Date of birth		Age	Male/Female
Address			
Parent contact telephone number			
Parent email address			
Name of school			

Does the employment involve ONLY working within the Derbyshire County Council boundary? Please Note: Working in Derby City area is outside the Derbyshire County Council boundary.	
If you have answered "No" to the above, please specify the location:	

Name and address of family doctor:

DECLARATION BY PARENT/CARER:

I declare that I consider the child named above to be fit to undertake the employment detailed overleaf and do not believe that it will affect his/her health. I give my permission for such employment to be carried out subject to the Derbyshire County Council bye-laws governing the employment of children. Where it is considered necessary I authorise the school medical officer to seek information from the family doctor named above.

Signed	
Relationship to child	
Name (block capitals)	
Date	

Copies of the bye-laws together with information for employers, children and their parents/carers can be obtained via email at cs.ewscee@derbyshire.gov.uk