

Child Employment Work Permit Application Form

Please return all sections of the fully completed form (together with a risk assessment) via email to cs.ewscee@derbyshire.gov.uk We will then review the application and issue a Work Permit if applicable and deemed appropriate according to the child employment byelaws and regulations.

Employer's details			
Company Name			
Applicant's Name			
Address			
Telephone Number			
Email Address			
Manager's Name (if different to above)			
Manager's Telephone Number (if different to above)			
Manager's Email Address (if different to above)			
Place of Employment if different to above address (For Newspaper distributors please state delivery locality)			
Does the Employment involve ONLY working within the Derbyshire County Council boundary? (Please note working in Derby City is outside of our boundary)		If No, please provide the address/locality outside of our area:	

General rules

- a child cannot work before 7am or after 7pm on any day.
- a child cannot work for more than 2 hours on any Sunday.
- 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.

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 (either 1 hour before & after school or 2 hours after school)
- 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

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

Please provide the clear duties that the child will be performing whilst you are employing them. You must also provide a risk assessment which shows what tasks the child will be doing, what the risks are, and how they are being mitigated.

You should also provide the actual start and end times that you are going to employ the child and enter in the total amount of hours of each day and the total working hours per week. **If you enter just the total amount of hours without the start and finish times, then we will reject your application.**

Child's Job details					
Child's Full Name					
Child's Job Title					
Work Type (Office, Café, etc)					
Duties (what will the child actually be doing whilst working)					
REMEMBER TO ATTACH YOUR RISK ASSESMENT WHEN SUBMITTING THE APPLICATION					
Term Time Hours					
	Morning Shift		Afternoon Shift		Overall
Day	Start Time	Finish Time	Start Time	Finish Time	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total Hours for the Entire Week					
School Holiday Hours					
	Morning Shift		Afternoon Shift		Overall
Day	Start Time	Finish Time	Start Time	Finish Time	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total Hours for the Entire Week					

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, wellbeing and education will not be placed at risk by this employment:

Name	
Signature	
Date	

FOR COMPLETION BY CHILD'S PARENT/CARER

Child's details			
Child's Full Name			
Date of Birth	Age	Gender	
Home Address			
Parent's details			
Parent 1's Name			
Parent 1's Address (if different to the child)			
Parent 1's Telephone Number			
Parent 1's Email Address			
Parent 2's Name			
Parent 2's Address (if different to the child)			
Parent 2's Telephone Number			
Parent 2's Email Address			
Education Details			
Name of School			
Name of Private Tutor (if home educated)			
Medical details			
Name of Doctor			
Address of 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 their health, wellbeing or education. I give my permission for such employment to be carried out subject to the Derbyshire County Council byelaws 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.

Name	
Relation to the child	
Signature	
Date	

For more information about children in employment, please visit our website.

<https://www.derbyshire.gov.uk/education/attendance-missing-home-education/children-in-employment/children-in-employment.aspx>

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