

Children's Action Team
The Avenue Centre
Conwy Close
Tilehurst
Reading
RG30 4BZ



EMPLOYMENT OF CHILDREN

CHILDREN AND YOUNG PERSONS ACTS 1933 TO 1963
 (As amended by the Education Acts 1944, 1976 and 1996 and the Children Act 1972)
 The Children (Protection at Work) Regulations 1998

PART 1: Application for permission to employ a child between 13 and statutory school leaving age

(Please ensure both sides of this form are completed in BLOCK CAPITALS using ink throughout)

Child's Surname: Child's Forename: Address:	Gender: M/F (delete as appropriate) Date of Birth: Tel. No: Postcode:
Name and address of school child currently attends:	
Please state any other existing employment: Current permit number (if applicable): Will this existing employment be terminated upon issue of this permit? Yes/No	

DECLARATION OF PARENT / CARER:

(This part to be completed by the responsible parent or carer)

1	Is your son/daughter currently healthy?	Yes/No
2	Does he/she regularly attend school?	Yes/No
3	Are you satisfied that the employer can adhere to COVID-19 regulations/guidance?	Yes/No

I hereby consent to the employment of my child named above in the manner, and at the times stated hereunder. I am of the opinion that the employment will not be detrimental to either his/her health or education. I understand that the employer will be carrying out a COVID-19 risk assessment on the activities involved in this employment in addition to any other risk assessment.

Name: (Block Capitals)

Signed: Date:
 Parent/Carer

FOR COMPLETION BY EMPLOYER (Please complete in BLOCK CAPITALS using ink throughout)

CHILD TO BE EMPLOYED AS: **COMMENCING ON.**
 e.g. (Shop Assistant, Office Worker, Hairdresser etc.) N.B. No child is permitted to work in a commercial kitchen

PLEASE ENSURE THAT THE HOURS OF EMPLOYMENT ARE IN ACCORDANCE WITH THE BYELAWS AS SET OUT BELOW

SCHOOL DAYS UP TO A MAXIMUM OF 12 HOURS PER WEEK DURING TERM TIME

Either, between the end of the school day and 7.00pm up to a maximum of 2 hours or
 1 hour between 7.00-8.00am and 1 hour between the end of the school day and 7.00pm.

SATURDAYS AND SCHOOL HOLIDAYS

13-15 years of age: 5 hours per day up to a maximum of 25 hours per week in school holidays.
 15 years and over: 8 hours per day up to a maximum of 35 per week in school holidays.

In addition

- (i) The employment must not take place before 7.00 am or after 7.00pm
- (ii) The child shall not be employed for more than 4 hours consecutively
- (iii) The child shall be free for rest and recreation for a continuous period of 1 hour after each period of employment

SUNDAYS: MAXIMUM 2 HOURS which must be between 7.00am – 7.00pm.

APPROVED HOURS (Input All Values as 24 Hour Clock Times, e.g. 15.30 - 16.30)

Days	SCHOOL DAYS		SCHOOL HOLIDAYS	
	AM	PM	AM	PM
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				

NAME AND ADDRESS (where employment will take place)

Name of Employer

Address:

County:.....Postcode:.....

Business Tel. No.:

COMPANY NAME (if different from above)

Address:.....

.....

Postcode: Business Tel No:

DECLARATION OF EMPLOYER

I, the prospective Employer, hereby make application for permission to employ the above-named child in accordance with the foregoing particulars. I fully understand the conditions attached to the employment of this child, including the need to carry out a risk assessment and COVID-19 risk assessment. I undertake to provide the child’s parents with information on any risks to the health and safety of their child whilst in my employment, together with details of steps taken to eliminate or minimise that risk.

Name: (Block Capitals) Signed:

Date:

Please return the completed form to the address at the top of the form

DECLARATION OF EDUCATION WELFARE OFFICER OR CHILD’S SCHOOL

Name of School :

- 1 Is the date of birth correct? YES/NO If NO, please state correct date ____/____/____
 - 2 What time does school usually start and finish? _____ am _____ pm
 - 3 Does he/she regularly attend school? YES/NO
 - 4 Are there any concerns regarding education engagement during COVID-19? YES/NO
- Comments: (if applicable)

Signed Date.....

Education Welfare Officer/Head Teacher/Head of Year



FOR OFFICE USE

PART 2: WORK PERMIT LICENCE

NAME OF CHILD:

NAME OF EMPLOYER:

Brighter Futures for Children, acting on behalf of the Local Authority (Reading Borough Council), following the completion of relevant checks, confirm that the above named child is authorised to work as detailed on the application form.

This work permit is valid until school leaving date or on a change of employment/hours of work. It is the employer's responsibility to apply for a new work permit if the conditions/hours of work change.

COVID-19 regulations/guidance will be adhered to whilst the child is in your employment.

Name:

Signed:

Dated:

On behalf of Brighter Futures for Children