 **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.

|  |
| --- |
| TO BE COMPLETED BY THE PARENT OR GUARDIAN OF THE CHILD TO BE EMPLOYED  Name of Child Employed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M /F Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please tick “YES” or “NO” to the following Yes No  1. 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. |

|  |
| --- |
| TO BE COMPLETED BY THE HEADTEACHER  Signature of Headteacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| TO BE COMPLETED BY THE EMPLOYER  Name 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| EMPLOYMENT DETAILS  Childs job title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date employment is to commence \_\_\_\_\_\_\_\_\_\_\_\_  Details of tasks child is to undertake  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| YOUNG PERSON’S RISK ASSESSMENT  I 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| UCHAFSWM ORIAU GWAITH  a. 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

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