

# Child Employment Application Form

## FOR COMPLETION BY EMPLOYERS

<b>Full name and address of employer:</b>	
<b>Contact Telephone Number:</b>	
<b>Email address:</b>	

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

<b>Please give a list of duties to be undertaken:</b>

### 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.

<b>Signed</b>	
<b>Date</b>	
<b>Name (block capitals)</b>	

### 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](mailto:cs.ewscee@derbyshire.gov.uk)

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

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

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

<b>Name and address of family doctor:</b>

**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.

<b>Signed</b>	
<b>Relationship to child</b>	
<b>Name (block capitals)</b>	
<b>Date</b>	

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](mailto:cs.ewscee@derbyshire.gov.uk)