

# Children & Young Person's Act 1933 & 1963

## Employment of School Children – Application for a Work Permit



### Section 1 - To be completed by the Employer:

Name of Business	
Name of Line Manager/Employer	
Business Address <i>inc. postcode</i>	
Telephone Number:	
Email Address:	

I confirm I wish to employ a school-age child, as detailed below:

Name of Child:			
Date of Birth:			
Address: <i>inc. postcode</i>			
Education Provision: <i>i.e. School Name/ Home Education</i>		Year Group	
Brief description of child's work/ duties:			
Place of Employment:			
Employment start date:			

Hours and Days of Work:

**NOTE: It is the employer's responsibility to ensure that the employment is in accordance with statutory enactments and Local Authority byelaws, including the times and days the child works.**

Before submitting the child's working times, please be reminded of these requirements in the table below:

	Daily Limit			Weekly Limit	
	School Day	Non School Day Mon – Sat	Sunday (Term Time or Holiday)	School Term	School Holidays
Children 13 and 14	2 Hours	5 Hours*	2 Hours	12 Hours	25 Hours

Children 15 and 16 but under the school leaving age	2 Hours	8 Hours*	2 Hours	12 Hours	35 Hours
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A child cannot be employed before 7 am or after 7 pm.

\* With no more than 4 hours work before a 1-hour break.

**(Source: 'Guidance on the Employment of Children', DCSF 2009)**

TERM TIME	AM			PM	
	Start	Finish		Start	Finish
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

HOLIDAY	AM			PM	
	Start	Finish		Start	Finish
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

**Declaration:**

*Please tick the below boxes to say you have read and agree to the terms of the child's employment:*

<b>I hereby make an application for permission to employ the child named above in accordance with the provisions of the Children and Young Persons Act 1933 and Kirklees Council's Byelaws with respect to the employment of children (see page 6 and 7).</b>	
<b>I have carried out a Young Person's Risk Assessment which has been discussed with the child and the child's parent/guardian.</b>	
<b>I confirm that the appropriate Employers' Liability Insurance and where appropriate, Public Liability Insurance is in place.</b>	

Signature of Employer:		Date:	
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**Section 2 – To be completed by the Child’s Parent/Carer:**

Name of Child:	
Parent/Guardian’s Name:	
Relationship to Child:	
Parent/Guardian’s Contact Number:	
Parent/Guardian’s Email Address:	
Parent/Guardian’s Address, if different from child:	

**Medical Details:**

Name of Emergency Contact:	
Relationship of Emergency Contact to Child:	
Emergency Contact Telephone Number(s):	
<b>Medical Details/ Conditions:</b>  Please give details of any medical details or regular medication the child’s employer should be aware of:  <b>Please answer all questions, answering N/A if not applicable</b>	Disabilities:
	Medical Conditions:
	Allergies:
	Medication:

**Declaration:**

*Please tick the below boxes to say you have read and authorise your child’s employment:*

I confirm I consent to my child’s employment:	
I confirm that my child is fit to undertake the proposed employment:	
I confirm that my child’s school attendance will not be adversely affected from his/ her employment:	
I confirm that a risk assessment has been discussed with myself and child.	
I confirm I consent to my child’s employment information being shared with their school:	
Signature of Parent/ Guardian:	Date:

Please return the completed form and photo to: [child.employment@kirklees.gov.uk](mailto:child.employment@kirklees.gov.uk)