

EMPLOYMENT OF SCHOOL CHILDREN – APPLICATION FORM

CHILDREN AND YOUNG PERSONS ACT 1933 Sections 18(2) and 20(2)

NORTH YORKSHIRE COUNCIL BYELAWS ON THE EMPLOYMENT OF CHILDREN 1999 - Paragraph 15

Please note that North Yorkshire Council has the power to revoke a child's Employment Permit under the above legislation, if their education or welfare is seen to be suffering

SECTION 1:TO BE COMPLE	ETED BY THE PARENT OR	GUARDIAN OF THE CH	ILD TO BE EMPLOYED	
Name of Child Employed:		Sex: M / F Date of Birth:		
Address:				
Postco	ode:S	chool Attending:		
☐ My son/daughter is	under the care of a doctor/cons	ultant for a current medical o	condition	
☐ My son/daughter is	prescribed medication on a regu	ular basis		
If any of the above apply, please	e give more details, including the	e name and address of the c	doctor or consultant:	
I hereby certify that my son/daug for proposed employment	ghter does not have any medical	condition or disability which	might affect his/her suitability	
Signature of Parent/Guardian:	F	Relationship to child	Date	
Contact telephone number:		Email address:		
•				
Irrespective of the above declar circumstances, that a child ha			o insist, in certain	
circumstances, that a child ha		rove he/she is fit to work.		
circumstances, that a child ha	TION 2: TO BE COMPLE	rove he/she is fit to work. TED BY THE EMPLOY	ER	
circumstances, that a child ha	TION 2: TO BE COMPLE	TED BY THE EMPLOY Tel No.	ER	
SEC Name of Employer: Business Address:	TION 2: TO BE COMPLE	TED BY THE EMPLOY Tel No.	ER	
SEC Name of Employer: Business Address:	TION 2: TO BE COMPLET Postcode:	TED BY THE EMPLOY Tel No. Type of Business:	ER	
SEC Name of Employer: Business Address:	TION 2: TO BE COMPLET Postcode: ueries):	TED BY THE EMPLOY Tel No. Type of Business:	ER	
SEC Name of Employer: Business Address: Email address (in case of any qu	TION 2: TO BE COMPLET Postcode: ueries): ployed (if different from busines:	TED BY THE EMPLOY Tel No. Type of Business: s address):	ER	
SEC Name of Employer: Business Address: Email address (in case of any qu	Postcode: Postcode: Postcode: Postcode: Postcode:	TED BY THE EMPLOY Tel No. Type of Business: s address): Tel No.	ER	
SECTION Name of Employer: Business Address: Email address (in case of any quantum Address of place child to be employed)	Postcode: Postcode: Postcode: Postcode: Postcode:	TED BY THE EMPLOY Tel No. Type of Business: s address): Tel No.	ER	
SECTION Name of Employer: Business Address: Email address (in case of any quantum Address of place child to be employed)	Postcode: Postcode: Postcode: Postcode: Postcode:	TED BY THE EMPLOY Tel No. Type of Business: s address): Tel No.	ER	
SECTION Name of Employer: Business Address: Email address (in case of any quantum Address of place child to be employed)	TION 2: TO BE COMPLET Postcode: Postcode: Postcode: Postcode: Postcode: Postcode: Postcode: Postcode:	TED BY THE EMPLOY Tel No Type of Business: s address):Tel No SK ASSESSMENT h is compliant with the Go	ER	



	against Covid-19
EMPLOYME	NT DETAIL O
Child's job title:	NT DETAILS Date employment is to commence:
	(Please note that this form <u>must</u> be received within 7 days of this date)
Please outline all tasks to be undertaken by the child	
Will the child be working in the hot food preparation area	of a commercial kitchen? (this would include washing up,
collecting dishes and returning plates, and serving at a coun	
HOURS AND D	AYS OF WORK
	ork for no more than 12 hours per week
SCHOOL DAYS	SCHOOL HOLIDAYS
On a school day no child shall be employed for more than 2 hours.	(Monday - Friday) If a child is under 15 years, he/she may not work more
A child may work for one hour between 7.00am and the start	than 5 hours per day or 25 hours per week between 7:00am and 7:00pm
of the school day and one hour between the close of school and 7.00pm;	If a child is over 15 years, he/she may not work more than 8 hours per day or 35 hours per week between
Or 2 hours between the close of school and 7.00pm	7:00am and 7:00pm
Days on which child works	Days on which child works
AM - Start time Finish time	Start time Finish time
AM - Start time Finish time PM - Start time Finish time	Start time Finish time
	Start time Finish time SUNDAYS
PM - Start time Finish time	
PM - Start time Finish time SATURDAYS If a child is under 15 years, he/she may not work more	SUNDAYS On Sundays no child shall be employed for more than two
PM - Start time Finish time SATURDAYS If a child is under 15 years, he/she may not work more than 5 hours per day between 7:00am and 7:00pm If a child is over 15 years, he/she may not work more than	SUNDAYS On Sundays no child shall be employed for more than two

Please send completed application form to:

Safeguarding Unit, Room SB008, South Block, County Hall Northallerton DL7 8AE $\,$

Email: childlicensing@northyorks.gov.uk



We recommend that employers read the information booklet "School Children and part-time work" If you have any queries about School Children and Employment, or require help in completing this form, please contact 0300 131 2 131.