

Reading Education Welfare Service  
 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

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: ..... Gender: M/F (delete as appropriate)  
 Child's Forename: ..... Date of Birth : .....  
 Address: ..... Tel. No: .....  
 ..... Postcode: .....  
 .....

Name and address of school child currently attends:

Please state any other existing employment:  
 Current permit No. (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

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 risk assessment on the activities involved in this employment.

Name: (Block letters) .....

Signed: ..... Date: .....  
 Parent / Carer

**DECLARATION OF EDUCATION WELFARE SERVICE OR CHILD'S SCHOOL**

Name of School		Please answer the questions below so the application can be considered		
1	Is the date of birth correct?	YES/NO	If NO, Please state correct date	---/---/-----
2	What time does school usually start & finish?	-----am----- pm		
3	Does he/she regularly attend school?	YES/NO		
Comments (if applicable)				

Signed ..... Date.....  
 Education Welfare Officer/Head Teacher/Head of Year

**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 7-8.00am 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. 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 Letters) .....Signed: .....  
 Date: .....

Please send the completed form to the Education Welfare Office at the address at the top of the form

FOR OFFICE USE : d.o.b verified, application investigated and recommended by:  
 Initials of Authorising Officer: ..... Date: .....  
 Work Permit Number: ..... Issued By: ..... Date: .....