



Bridgend 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 – 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 to:

**Learner Support
Bridgend County Borough Council
Civic Offices
Angel Street
Bridgend
CF31 4WB**

For Office use only:

Employment Permit No

Date issued