



Neath Port Talbot County Borough Council Cyngor Bwrdeistref Sirol Castell-nedd Port Talbot

Children & Young Persons Acts 1933, 1963, Education Act 1996, The Children (Protection at Work) Regulations 1998,
Neath Port Talbot Employment of Children Bye-Laws

EMPLOYMENT OF CHILDREN

TO BE COMPLETED BY THE CHILD'S PARENT OR CARER IN BLOCK CAPITALS

Name of Child (in full)

Address

School attending Date of Birth

(THIS WILL BE CHECKED WITH SCHOOL RECORDS)

Name of Parent or Carer (Mr/Mrs/Miss/Ms)

DECLARATION

I confirm that the child named above is medically fit and able to undertake the duties of this employment. I also consent to the child named above being employed and certify that the date of birth is correct.

Signature of Parent or Carer Date

TO BE COMPLETED BY THE EMPLOYER IN BLOCK CAPITALS

Name of employer (in full)

Company name if different from above

Address

Tel No

Nature of business

Nature of employment

Place of employment

DAYS AND HOURS OF EMPLOYMENT (tick boxes as required)

Maximum hours allowed
Age 13 – 14 Age 15+

- | | | | |
|--|---|---|--------------------------------|
| <input type="checkbox"/> On school days between 7 a.m. and the start of school (max 1 hour) and close of school and 7 p.m. | 2 | 2 | |
| <input type="checkbox"/> On school days between close of school and 7 p.m. | 2 | 2 | |
| <input type="checkbox"/> On Saturdays between 7 a.m. and 7 p.m.* | 5 | 8 | |
| <input type="checkbox"/> On Sundays between 7 a.m. and 7 p.m. | 2 | 2 | |
| <input type="checkbox"/> During school holidays between 7 a.m. and 7 p.m.* | | | 25 hours/week 35 hours/week |

***No child of any age may work more than 4 hours in any day without a rest break of 1 hour.**

Children **must** have a break during the school holidays of 2 consecutive weeks in each year

DECLARATION

To comply with the Health & Safety (Young Persons) Regulations 1997, I declare that a risk assessment has been undertaken for the duties required for this employment.

(The employer must undertake a risk assessment prior to the child being employed).

Signature of employer Date

N.B. When completed, this form should be returned to

For Office Use: Employment Card No. Date of issue: Valid until: