

**EMPLOYMENT OF CHILDREN**

## **SECTION A: TO BE COMPLETED BY THE CHILD’S PARENT OR CARER IN BLOCK CAPITALS**

**Name of Child (in full):**

**Date of Birth: School attending:**

*(This will be checked with school records)*

**Address (inc. postcode):**

**Name of Parent / Carer:** (Mr/Mrs/Miss/Ms)

(Delete as applicable)

**PARENT 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:

## **SECTION B: TO BE COMPLETED BY THE EMPLOYER IN BLOCK CAPITALS**

**Name of employer (in full):** Mr/Mrs/Miss/Ms

(Delete as applicable)

**Company name (if different from above):**

**Address (inc. postcode):**

**Contact number: Email address:**

**Nature of business:**

**Nature of employment:**

**Place of employment:**

### DAYS AND HOURS OF EMPLOYMENT (tick boxes as required)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Maximum hours allowed age 13 – 14** | **Maximum hours allowed age age 15+** |
|  | 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** |
|  | On school days between close of school and 7 p.m. | **2** | **2** |
|  | On Saturdays between 7 a.m. and 7 p.m.\* | **5** | **8** |
|  | On Sundays between 7 a.m. and 7 p.m. | **2** | **2** |
|  | 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

#### **EMPLOYER 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. Please supply a copy of the completed risk assessment with this application form.**

***The employer must undertake a risk assessment prior to the child being employed and provide a copy along with this application.***

Signature of employer: Date:

***Once completed, please return this form to:***

Child and Family Support

Neath Port Talbot CBC

Civic Centre

Port Talbot

SA13 1PJ

or

E-mail – [sfs@npt.gov.uk](mailto:sfs@npt.gov.uk)