

**KINGSTON UPON HULL CITY COUNCIL
LEARNING AND CULTURE**

EDUCATION WELFARE SERVICE

EMPLOYMENT OF SCHOOL CHILDREN APPLICATION FORM

Requests for information by Kingston upon Hull City Council Learning and Culture in accordance with Section 559 (2) of the Education Act 1996.

PART 1 - TO BE COMPLETED BY THE EMPLOYER

Name of Employer:

Address:

Business Address:

Business:

Nature of Employment:

Place of Employment:

Days and Hours of Employment:

School Days between the hours of and

Saturdays between the hours of..... and

Sundays between the hours of and

Holidays between the hours of and

I have carried out a Young Person's Risk Assessment under the Health and Safety Regulations (Young Persons Regulations 1997), which has been discussed with the child's parent/carer.

I also confirm that the appropriate insurance cover is in place.

Signature of Employer: Date.....

NOTE: Employers are legally responsible to ensure that the above employment is in accordance with statutory enactments and Local Authority Byelaws. No child under the age of 13 can be employed.

Copies of the Local Authority Byelaws are available from the Education Welfare Service at the address below.

Employer to return this form to:-

**Education Welfare Service
Endike Resource Centre
Endike Lane
Kingston upon Hull
HU6 7UR**

PART 2 – TO BE COMPLETED BY THE PARENT/CARER OF THE CHILD TO BE EMPLOYED

Name of Child Employed:

Sex: F/M Date of Birth:

Address:

School Attending:

Signature of Parent (or Carer): giving consent for the child to be employed:

..... Date:

Medical Declaration (to be completed in BLOCK CAPITALS by the Parent/Carer).

a) Has your child got any kind of medical condition?

YES/NO (please delete accordingly)

If 'YES', please give brief details in the space below:

b) I have read the details of employment and certify that there **ARE/ARE NOT ANY (please delete accordingly)** medical reasons known to me for my child not being so employed.

c) Child's General Practitioner:

Telephone No:

Address:

.....

Signature of
Parent (or Carer): Date:

PART 3 – FOR OFFICE USE

Checked and entered on E.W.28:

Date E.W. 20 Issued: