

**KINGSTON UPON HULL CITY COUNCIL
 ACCESS AND INCLUSION
 EDUCATION WELFARE SERVICE**

EMPLOYMENT OF SCHOOL CHILDREN APPLICATION FORM

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

Part I – To be completed by the employer				
Name of Employer:				
Name of Business:				
Business Address:				
Telephone Number:				
Email Address:				
Place of Employment:				
Child's job title:				
Brief description of child's work/duties (what tasks will they undertake):				
Days and Hours of Employment: (Please see below note)				
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 Person's Regulations 1997), which has been discussed with the child's parent/carer. I also confirm that the appropriate insurance cover is in place.				
Name of Employer (print full name):				
Signature of Employer:				
Date:				

NOTE: Employers are legally responsible for ensuring 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 overleaf address or on the Child Employment page of the Hull City Council website (www.hull.gov.uk).

Part 2 – To be completed by the parent/carer of the child to be employed					
Name of Child:					
Sex:	Male		Female		Date of Birth:
Address:					
School Attending:					
I confirm that I am the parent/carer of the above named child and that I give permission to them being employed. I also confirm that I have discussed a risk assessment with their employer and that my child's school attendance will not be adversely affected by them undertaking this work.					
Name of Parent / Carer:					
Signature of Parent / Carer:					
Date:					

Medical Declaration (to be completed by parent/carer)				
a) Has your child got any kind of medical condition?	YES		NO	
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 Number:				
Address:				
Signature of Parent/Carer:			Date:	

More information about the details governing child employment, including local authority byelaws can be found on Hull City Council's website (www.hull.gov.uk). If you enquire additional information please contact the Education Welfare Service on 01482 616963 or email us at EWSEducation@hullcc.gov.uk.

Employers to return completed form to:
Education Welfare Service - Room 128, The Guildhall, Alfred Gelder Street. Hull, HU1 2AA
 or email to EWSEducation@hullcc.gov.uk