



**TRAFFORD
COUNCIL**

For Office Use Only

Employment Card No. _____ Date: _____
Issued by: _____

CHILD EMPLOYMENT LICENCE APPLICATION

(In accordance with the requirements of the Children & Young Persons Act and with the Local Authority Byelaws)

This form is to be used by employers who wish to employ any child of compulsory school age on a part time basis out of school hours. In order to obtain the employment licence, please read the **Important Notes** below, and complete the form overleaf as follows:

- Part 1** To be completed and signed by the **PARENT /CARER**
Part 2 To be completed and signed by the **EMPLOYER**

ALL sections must be completed in **FULL**, and returned by the employer with a photocopy of the child's birth certificate or passport (**DO NOT SEND ORIGINALS**) to:-

Child Licensing,
Education Standards, Education Welfare Team, 1st Floor, Waterside House, Waterside, Sale,
Manchester, M33 7ZF,

Tel: - 0161 912 3295

If you have any questions, or would like a copy of the information leaflet relating to children and part time work, please contact Child Licensing on: - 0161 912 3295 or email:-
childlicensing@trafford.gov.uk

IMPORTANT NOTES

- ❖ Children must be **at least 13 years of age before they are allowed to begin work**, and will require a licence until the last Friday in June of the academic year in which they become 16 years of age
- ❖ There are restrictions on the type of work that children of school age may undertake, and a licence will only be issued if the child is working in an area of employment which is not prohibited

Hours of Work	13 and 14 year olds	15 and 16 year olds
On any day	Between 7.00am and 7.00pm	Between 7.00am and 7.00pm
School Days	Maximum of 2 hours	Maximum of 2 hours
Saturdays	Maximum of 5 hours	Maximum of 8 hours
Sundays	Maximum of 2 hours	Maximum of 2 hours
Term Time	Maximum of 12 hours a week	Maximum of 12 hours a week
School Holidays	Maximum of 25 hours a week, 5 hours a day	Maximum of 35 hours a week, 8 hours a day

- ❖ A child may not work for more than 4 hours in any day without a rest break of one hour
- ❖ Employers must inform the Licensing Officer if a child is to work more hours during school holidays, than declared on the application form overleaf, which relates to term time only

Completion of this form is the responsibility of the Employer and the Parent / Carer. Failure to ensure that a child who is working part time has an Employment Licence may result in prosecution and a fine of up to £1,000

APPLICATION FOR EMPLOYMENT LICENCE

(In accordance with the requirements of the Children & Young Persons Act and with the Local Authority Byelaws)

Part 1 (Parent / Carer to complete)

SECTION 'A'

Name of Child _____ Date of Birth _____

Address _____

Postcode _____ Telephone Number _____

Name of School Attending _____ Year Group _____

Name of GP / Address _____

Please enclose a photocopy of your child's birth certificate or passport.

SECTION 'B'

I certify that I am the parent / carer of the above named child, and that they do not have any medical condition or disability, which might affect his/her suitability for the proposed employment. I agree to an employment licence being issued on the understanding that I am satisfied that the child's health and education will not suffer as a result of the proposed work and I will closely monitor the effects on the child of any work undertaken by him/her

Name of Parent / Carer _____ Signature _____

IRRESPECTIVE OF THE ABOVE DECLARATION, THE AUTHORITY RETAINS THE RIGHT TO REQUIRE THAT A CHILD HAS A MEDICAL EXAMINATION TO DEMONSTRATE THAT HE / SHE IS FIT FOR WORK. (IF NECESSARY)

HEALTH QUESTIONNAIRE

(TO BE COMPLETED BY THE PARENT OR LEGAL
GUARDIAN OF THE CHILD TO BE EMPLOYED)

MEDICAL DETAILS

Does your child have any of the following:- (Please tick the relevant boxes), if you have answered Yes to any of the questions below, please give details or any other relevant information.

	Yes	No	Please give details or any other relevant information
Heart Disease			
Shortness of Breath			
Asthma / Chest Complaints			
Permanent Skin Allergies			
Diabetes			
Epilepsy / Fits or Fainting Attacks			
Severe visual problems not corrected by glasses / contact lenses			
Physical disability			
Does your child take any regular medication			
Is your child under a hospital consultant			

DECLARATION

I / We hereby declare that the information given above is, to the best of my / our knowledge, correct.

SIGNATURE OF PERSON WITH PARENTAL RESPONSIBILITY:		DATE:	
(Relationship to child)			
SIGNATURE OF CHILD (APPLICANT):		DATE:	

Part 2 (TO BE COMPLETED BY THE EMPLOYER)

Name of Business _____

Name of Proprietor / Manager (delete as appropriate) _____

Address of Work Place _____

Post Code _____ Telephone Number _____

Job Title _____ Start Date _____

I certify that any employment offered to the child named above will be within the times specified and in accordance with the Trafford Council Byelaws with respect to the Employment of Children which came into effect on 25 November 1998. I also confirm that I have carried out a 'risk assessment' in respect of this employment and have shared the results of this with the parent(s) / guardian (s) of the child.

Signed (Employer)	_____	Telephone number	_____
(Please Print Name)	_____	Employers Position within the Company	_____

Employer's Business Address; (if different from previous page)

Male Female

Hours of Work	Monday - Friday		Saturday		Sunday	
	Start Time	Finish	Start Time	Finish	Start Time	Finish
Morning						
Evening						

Signature of Employer: _____ Date: _____