



Application for permission to employ a child between 13 and statutory school leaving age*

To be completed, scanned and emailed to: Child.Employment@bracknell-forest.gov.uk

Please make sure this form is completed in BLOCK CAPITALS using ink

For Completion by Parent/Guardian/Carer

Child's Surname: _____	Sex: M/F (delete as appropriate)
Child's Forename: _____	Parent Email: _____
Address: _____	Child DOB: _____
_____	Parent Tel No: _____
County: _____	Postcode : _____
Name and address of School Child Currently Attends:	
Please state any other existing employment: Current permit No. (if applicable): Will this existing employment be terminated upon issue of this permit? Yes/No	

DECLARATION OF PARENT/GUARDIAN/CARER:

1 Is the above child currently healthy?	Yes/No
2 Does he/she regularly attend school?	Yes/No

I hereby consent to the employment of the child named above in the manner, and at the times stated hereunder. I am of the opinion that the employment will not be detrimental to his/her education. I understand that the employer will be carrying out a thorough risk assessment, as well as a specific COVID-19 risk assessment on the activities involved in the employment. I confirm that under GDPR regulations I am happy for BFBC to hold all the data on this form for as long as required to process the application for my child.

Name: (Block letters) _____

Signed: _____ Date: _____

Parent/Guardian/Carer (please delete as appropriate)

If this employment involves working with other children/young people a check will be made with the child's school. Where a child is not registered at a school a check will be made with the local authority's Children's Services Department. Signatures below indicate your consent for these checks to take place.

Parent	Young Person
Name: (Block letters)	Name: (Block letters)
Signed:	Signed:
Date:	Date:

* Employment of Children/Young Persons

Children and Young Persons Acts 1933 to 1963

(As amended by the Education Acts 1944, 1976 and 1996 and the Children Act 1972)

The Children (Protection at Work) Regulations 1998

For Completion by Employer

CHILD TO BE EMPLOYED AS: _____ **COMMENCING ON** _____

eg (Shop Assistant; Office Worker; Hairdresser etc) NB No child is permitted to work in a commercial kitchen. Where a young person is to be employed working with children, young people or vulnerable adults (e.g. Party Host, Teaching Assistant etc) a reference from the child's school MUST be sought by the employer.

DUTIES: _____

PLEASE ENSURE THAT THE HOURS OF EMPLOYMENT ARE IN ACCORDANCE WITH THE BYELAWS BELOW¹

APPROVED HOURS (Input all values as 24 Hour Clock Times, e.g. 15:30 – 16:30)

	School Days	School Holidays
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

NAME AND ADDRESS (where employment will take place)

Name of Employer: _____

Address: _____

Employer Email: _____ Business: _____

Postcode: _____ Tel. No: _____

Company Name (if different from above) _____

Address: _____

County: _____ Business: _____

Postcode: _____ Tel. No: _____

DECLARATION OF EMPLOYER

I, the prospective Employer, hereby make application for permission to employ the above-named child in accordance with the foregoing particulars. I fully understand the conditions attached to the employment of this child, including the need to carry out a thorough risk assessment as well as the attached COVID-19 risk assessment and to implement all necessary measure to keep the child safe whilst in my employ (especially with regards providing PPE where necessary and complying with all government guidelines relating to Covid-19). I undertake to provide the child's parents with information on any risks to the health and safety of their child whilst in my employment, together with details of steps taken to eliminate or minimise that risk. I will seek a reference from the child's school if the employment involves working with other children/young people or vulnerable adults. I confirm, on behalf of my employer under GDPR regulations I am happy for all the details on this form of the employer will be held by BFBC until necessary to process this application.

Name: (Block Letters) _____

Signed: _____ Date: _____

For Office Use: d.o.b verified, application investigated and recommended by:

Education Welfare Officer: _____ Date: _____

Work Permit Number: _____ Issued By: _____ Date: _____

¹**Sundays 13 to 16 years:** max 2 hours per day between 7am and 7pm

School Days (must not exceed 12 hours per week)

13 to 16 years: Max 2 hours per day - 1 hour before school between 7am to half an hour before school starts and/or from close of school to 7pm

Saturdays: **13 & 14 years** - max 5 hours per day between 7am and 7pm
15 & 16 years - max 8 hours per day between 7am and 7pm

School Holidays (Monday to Saturday)

13 to 14 years Max 5 hours per day between 7am and 7pm (**must not exceed 25 hours each week**)

15 to 16 years Max 8 hours per day between 7am and 7pm (**must not exceed 35 hours each week**)

In addition:

- The employment must not take place before 7am or after 7pm
- The child shall not be employed for more than 4 hours consecutively
- The child shall be free for rest/recreation for a continuous period of 1 hour after each period of continuous employment

COVID-19 RISK ASSESSMENT

COMPANY NAME:

1. Have you as an employer set guideline for your employees and workplace to meet COVID-19 measures and guidelines? Yes / No

2. How is the young person employee able to participate in their job role and adhere to the social distancing guidelines?
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.....
.....

3. Do you feel as an employer that your employee will be at risk of COVID-19 yes / no If yes please explain why and whether you feel their risk is high or low
.....
.....
.....

4. Have you put in place procedures for your employees and informed them of said procedures, if they show signs of COVID-19? Yes / No

5. Have you as an employer made arrangements for PPE e.g. masks, gloves etc to be available to all your employees? Yes / No
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6. Have you considered any increased risk for the young person and their household if this work is carried out? Yes/No

7. Do you have hand-washing advice/facilities for the young person? Yes/No

8. Do you have a process of informing young person/parent/carer of any other staff member that may have developed COVID-19 symptoms? Yes/No

9. Does the young person come in to contact with the public as part of their employment? Yes/No If Yes how will you minimise contact/risk?
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.....
.....

10. Do you have a reporting protocol and emergency contacts should they encounter someone with COVID-19 symptoms whilst carrying out tasks related to their work/delivery? Yes/No

11. Have you considered when the young person can undertake the related tasks to the job to minimise contact with others (ensuring that this still meets Child Employment bylaws) Yes/No

FOR OFFICE USE: Date of Birth verified, application investigated, including risk assessment and recommended by:

Initials of Authorising Officer: Date:

Work Permit Number: BRAC..... Issued By: Date: