|  |  |
| --- | --- |
| LONDON BOROUGH OF MERTONEducation Welfare Service  |  |

# EMPLOYMENT OF CHILDREN APPLICATION BY EMPLOYER

I hereby give notice that I wish to employ

Surname………….............................Forenames.…………….……......…….D.O.B....……………....

Address………………………………………………………………………………………………………...........................................................................................................................................................

Post code……………………………………………… Tel number…………………………………….

School…………………………………………………………………………………………………………Email Address…............................................................................................

Name of Employer………………………………………. Tel number……………………………………

Employers' business address…………………………………………………………………………….

……………………………………………………Post code…………………………………

Email address.........................................................................

Nature of business…………………………………………………………………………………………..

Proposed employment for child……………………………………………………………………………

Address at which child will be employed if different from above………………………………………

………………………………………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
| TERM TIME |  | SCHOOL HOLIDAYS |
|  | Am start - finish | Pm start - finish |  |  | Am start - finish | Pm start -finish |
| Monday |  |  |  |  |  | Monday |  |  |  |  |
| Tuesday  |  |  |  |  |  | Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |  | Wednesday |  |  |  |  |
| Thursday |  |  |  |  |  | Thursday |  |  |  |  |
| Friday |  |  |  |  |  | Friday |  |  |  |  |
| Saturday |  |  |  |  |  | Saturday |  |  |  |  |
| Sunday |  |  |  |  |  | Sunday |  |  |  |  |

(see over for permitted hours)

I declare that a risk assessment has been carried out for this job.

Signed:(Employer) …..................................Name in Caps: ...........................…. Date: ……...........

## TO BE COMPLETED BY PARENT / GUARDIAN

The above declaration has my approval. I declare that my son/daughter is fit and well to do this work.

**Parents are responsible for safeguarding their child/children. The Education Authority will NOT undertake an Enhanced Criminal Records Bureau check on employers.**

Signed Parent/Guardian………………………………………………. Date…………………………

**Employment (different legislation governs children in entertainment)**

**No child under 13 may be employed at all.**

A child is deemed to be employed if she/he helps with any business which is carried on for profit, even if she/he receives no pay, the legislation also applies even if children are working for their own family. The laws on hours and type of work apply until the earliest school leaving date, which is the last Friday in June in the school year in which the child becomes 16, usually Year 11.

Possession of a National Insurance card (issued by the DHSS *not* the Education Department) does not mean that the child is eligible to work full time. Employees are liable to pay National Insurance contributions from their 16th birthday if they earn above the lower earnings limit.

**HOURS**

**No child may work: -**

* before 7am or after 7pm
* before the end of school hours on a school day.
* for more than 2 hours on a school day.
* for more than 2 hours on a Sunday and only for delivering milk or newspapers.
* lifting, carrying or moving anything likely to cause injury.

**On Saturdays, and week-days during the school holidays:-**

* 13 and 14 year olds may work up to 5 hours a day, but the total in a week must not be more than 25 hours
* 15 and 16 year olds (below the statutory school leaving age) may work up to 8 hours a day, but the total in a week must not be more than 35 hours

No child may work for more than 4 hours without a rest break of 1 hour.

All children must have at least 2 weeks rest during the course of the school summer holidays when they are neither required to attend school nor employed.

Please return the form to the Education Welfare Service in the borough where the young person will be employed.

Further information can be obtained from Education Welfare Service, Merton Civic Centre,

London Road, Morden. SM4 5DX Tel: 020 8545 4021

FOR OFFICE USE

Number of permit……………… Date issued………………….Date employer notified……………..

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_