



Children and Young Persons Act, 1933 to 1963 (as amended by the Education Act 1996,  
The Children's Act 1972) Employment Bye-laws and the Children Protection at Work Regulations 1998

**EMPLOYMENT APPLICATION FORM**

**NO CHILD UNDER THE AGE OF 13 YEARS SHALL BE EMPLOYED**

**SECTION A: DECLARATION OF EMPLOYER**

PLEASE COMPLETE IN BLOCK LETTERS

Name(s) of Child ..... Date of Birth .....

Address .....

Home Telephone No .....

School attending .....

Nature of Child's Employment .....

Place of Child's Employment .....

Name and Address of Employer .....

..... Telephone .....

Business .....

Does the employment involve working ONLY within the Derbyshire County Council boundary: YES / NO

**Please note:** Working in Derby City area is outside Derbyshire County Council's boundary.

If you have answered "NO" to the above, please specify the location: .....

**CHILDREN MAY NOT WORK BEFORE 7.00 AM or AFTER 7.00 PM ON ANY DAY**

The hours during which children are permitted to work are:

AGE	WHEN	HOW LONG
13 and 14	School days	Not more than 2 hours a day outside school hours
	Saturdays	5 hours
	Sundays	2 hours
	School Holidays	5 hours a day – maximum 25 hours in any week
15 and 16	School days	Not more than 2 hours a day outside school hours
	Saturdays	8 hours
	Sundays	2 hours
	School Holidays	8 hours a day – maximum 35 hours in any week

**HOURS OF EMPLOYMENT FOR WHICH APPLICATION IS MADE:**

BEFORE SCHOOL between ..... am and ..... pm

AFTER SCHOOL between ..... pm and ..... pm

SUNDAYS between ..... and .....

On non-school weekdays i.e. Saturdays and during holidays:

MORNINGS between ..... am and ..... pm  
AFTERNOONS between ..... pm and ..... pm  
EVENINGS between ..... pm and ..... pm

IT IS THE EMPLOYER'S RESPONSIBILITY TO CARRY OUT A RISK ASSESSMENT ON THE CHILD'S EMPLOYMENT.

HAS A RISK ASSESSMENT BEEN CARRIED OUT?  YES  NO IF YES PLEASE PROVIDE COPY

Signature of Employer ..... Date .....

**SECTION B: MEDICAL DECLARATION**

(to be completed by Parent/Guardian)

**DETAILS OF YOUR FAMILY DOCTOR**

Doctor's Name .....

Address .....

**DETAILS OF YOUR CHILD'S HEALTH**

This information is needed to consider approval and will not necessarily prevent your child being employed. Please give full details, including the name of any medical condition.

DOES YOUR CHILD SUFFER FROM THE FOLLOWING?  
GIVE DETAILS IF YES

Chest Trouble: YES / NO .....

Epilepsy: YES / NO .....

Heart Trouble: YES / NO .....

Hearing Defects: YES / NO .....

Sight Defects: YES / NO .....

Skin Problems: YES / NO .....

Joint Problems: YES / NO .....

Disabilities: YES / NO .....

Any other long-term problems: YES / NO .....

**SECTION C: DECLARATION OF PARENT/GUARDIAN**

**This declaration should only be completed and signed when Sections A and B are fully completed.**

Please note that if you have stated NO to all of the above conditions, our normal practice is to supply a Child Employment Card without seeking any further medical information. However, it remains your right to request a medical referral.

I declare that to the best of my belief the above employment and health information supplied is true and that, in my opinion, the employment stated will not adversely affect my child's health or education.

Name of Parent/Guardian (BLOCK LETTERS) ..... Tick if you wish a medical referral

Signature of Parent/Guardian ..... Date .....

Please ask your child's school as to which of these Area Education Offices you need to send the form to:

Ripley Area Education Office  
Grosvenor Road  
Ripley  
DE5 3JE

Chesterfield Area Education Office  
St Helena Centre  
Sheffield Road  
Chesterfield  
S41 7LU

Buxton Area Education Office  
Kents Bank Road  
Buxton  
SK17 9HR