**Employment of Children – Notification by Employer**

In accordance with the Bylaws regulating employment of children made under the **Children and Young Persons Act 1933** as amended by the **Education Acts 1944 to 1962 and the Children and Young Persons Act 1963.**

This form should be completed and returned to Nash Kalyanji, Child Licencing Officer at 42 York Street, Twickenham, Middlesex TW1 3BW or to ews@achievingforchildren.org.uk

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| **Section 1: Child**  Name of child (Surname)…………………………….. (First Name)………………………….  Date of Birth: ……………………………………………………………………………………..  Address……………………………………………………………………………………………  ……………………………………………………………………………………………………..  Parent contact number…………………………………………………………………………..  School details…………………………………………………………………………………….. |

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| **Section 2: Employer**  Name of Employer………………………………………………………………………………..  Company Name…………………………………………………………………………………..  Nature of Business……………………………………………………………………………….  Contact Number…………………………………………………………………………………..  Address…………………………………………………………………………………………….  ………………………………………………………………………………………………………  Nature of employment proposed for child………………………………………………………  Location of Employment…………………………………………………………………………. |

Dates and times of proposed **term time** and **school holiday** employment:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Term Time** | | | | | | | | | | | | | | | | |
| Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | | Sunday | | **Total weekly hours** | |
| From | To | From | To | From | To | From | To | From | To | From | To | From | To |  |
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| **School Holidays** | | | | | | | | | | | | | | | | |
| Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | | Sunday | | **Total weekly hours** | |
| From | To | From | To | From | To | From | To | From | To | From | To | From | To |  |
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |

**Notes:**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**EMPLOYER:** I confirm that I have undertaken a risk assessment which has been shared with the parent and is available to the local authority on request.

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

Please note it is the responsibility of the employer to inform the local authority the date when a young person ceases to be employed.

**PARENT OR GUARDIAN:**

I give my consent to the working arrangements proposed above and certify that the child is medically fit to undertake the proposed work:

Please delete as appropriate:

* The child is not otherwise employed
* The child is already employed (Please give details of employer and working times below)

…………………………………………………………………………………………………

I have been informed of the outcome of the risk assessment undertaken by the employer. YES/NO

I understand that the local authority may contact my child`s school to make enquiries regarding attendance and overall achievement before a permit may be issued.

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