



SCHOOLS SERVICE

EMPLOYMENT OF SCHOOL CHILDREN

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Return to:
Pupil Services Team
PO Box 70, Municipal Offices,
Smith Street, Rochdale, OL16 1YD.
Tel: (01706) 925089
Fax: (01706) 925085

APPLICATION FOR AN EMPLOYMENT LICENCE (TO BE RETURNED TO THE LOCAL AUTHORITY IN WHICH THE CHILD WILL BE WORKING)

NB COMPLETE SECTION A

The School Health Team will complete SECTION C bearing in mind the details you outline in the attached health questionnaire. A medical may be required prior to the issue of an Employment Licence. The proposed Employer should complete SECTION B and sign that he understands that SECTION C refers only to hours etc. in SECTION B. (SEE NOTE 5B)

An application for an Employment Licence will not be considered unless SECTION A, B and C are satisfactorily completed and a photograph (unmounted – passport size) of the child taken during the month preceding the date of this application is enclosed.

SECTION A

Name of Child: _____ M F (please tick)

Date of birth: _____

Address: _____

School: _____ Year Group: _____

Parent/Carer's Name: _____ Telephone No: _____

I have read and understood the notes etc, relating to the proposed employment of my son/daughter and have been informed of the risk factors involved by the employer. I hereby give my consent to this proposed employment.

Signature: _____ Date: _____

SECTION B – TO BE COMPLETED BY PROPOSED EMPLOYER

(Proposed) Employer's Name: _____

Address: _____

Business: _____

Nature of Employment: _____

Time of Employment: School Days between _____ and _____
Saturdays/Sundays _____ and _____
Holidays between _____ and _____

I have assessed the risk factors involved in the work to be undertaken by this child (under Articles 6 & 7 of the EC Directive on the Protection of Young People at Work (94/33/EV)) and have duly taken them into account in making this application. I have also read and understood the Guidance Notes and in particular Note 5b.

Signature: _____ Date: _____

SECTION C – MEDICAL CERTIFICATE

I certify that the afore mentioned employment proposed for _____ will not be prejudicial to the child's health or physical/psychological development and will not render him/her unfit to obtain proper benefit from his/her education. I confirm that the date of birth of the afore named child is correct.

Signature: _____ Date: _____

SUMMARY OF RESTRICTIONS RELATING TO EMPLOYMENT

a) Prohibited employment

- i) in a commercial kitchen;
- ii) establishments connected with the promotion or conduct of gambling, betting, lotteries etc;
- iii) in the sale or delivery of intoxicating liqueur not in sealed containers;
- iv) in cinemas, dance halls, discotheques, theatres and premises used for public amusement;
- v) in any building used in connection with the slaughtering or dressing of livestock including butchers' shops;
- vi) in collecting or sorting refuse;
- vii) in outside window cleaning more than 10ft above ground level;
- viii) in a car washing station or on a garage forecourt;
- ix) in the delivery of fuel oils;
- x) at any machine prescribed as dangerous;
- xi) in agricultural work involving machinery or heavy strains;
- xii) in the delivery of milk.

b) Restrictions on hours

Employment on School Days

Remember pupils are allowed only 2 hours paid work per day, i.e. one hour between 7.00am and 8.30am and one hour between end of school and 7.00pm or

2 hours between end of school and 7.00pm.

Additionally, during term time, they can only work a maximum of 12 hours per week.

Employment during School Holidays and Saturday s

Pupils aged 13 years and 14 years may be employed for a maximum of 5 hours per day, 25 hours per week.

Pupils aged 15 year and over may be employed for a maximum of 8 hours per day, 35 hours per week.

Additionally, pupils must take a 2 week break from their employment during the summer holiday period.

Employment on Sundays

To work on a Sunday a pupil must be 13 years or over and can only be employed for 2 hours.

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Employment Licence issued: Y N (please tick)

Signature of Pupil Services Admin Officer: _____

GUIDANCE NOTES

1. An application form for an employment Licence must be completed for every pupil of compulsory school age who is considering employment.
2. No pupil under the age of 13 can be employed in any part-time work.
3. The type of employment and hours to be worked are strictly regulated. A brief summary of the main restrictions can be found on the back of the application form.

4. SECTION A

This section must be completed in full by the parent or carer of the pupil considering employment.

5. SECTION B

- a. This section must be completed by the prospective employer, and must give specific and exact details of the nature of employment and the hours to be worked.
- b. The medical clearance in **SECTION C** relates only to the nature and hours of employment stated in this section. The prospective employer must sign this section to show that s/he understands this, and that any change in employment will therefore require a further application form to be submitted.

6. SECTION C

The parent or carer must make arrangements through the School Clinic for this section to be completed. The addresses of these clinics are listed on the back of the Guidance Notes. A medical examination **may** be required.

7. The completed application form should then be submitted to the Pupil Services, together with a copy of the pupil's birth certificate and a passport sized photograph, at the address on the front of the application form.

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LIST OF SCHOOL CLINICS

Listed below are the addresses of School Clinics within the Rochdale Borough to which you should submit both the application form and medical questionnaire.

If you do not know which clinic you should approach then your child's school will be able to advise you.

If your child attends a school outside/you live outside the Rochdale Borough, the completed forms should be returned to the nearest clinic to your home.

The clinic you can return your forms to are:

Heywood

Phoenix Centre, Church Street, Heywood (01706) 261952

Middleton

Langley Clinic, Borrowdale Road, Middleton (0161) 655 1541

Durnford Street Clinic, Durnford Street, Middleton (0161) 655 1599

Rochdale/Pennine

Ings Lane Clinic, Phoenix Street, Rochdale (01706) 764255

Littleborough Health Centre, Featherstall Road, Littleborough (01706) 764312

Milnrow Health Centre, Stonefield Street, Milnrow (01706) 764320

Whitworth Clinic, Brenbar Crescent, Whitworth (01706) 764262

Croft Shifa Health Centre, Belfield Road, Rochdale

Please note

If you take these forms to your own doctor rather than the Health Clinics listed above, it is likely that you will be charged a fee for which the Local Authority will not accept responsibility. It is in your interest therefore to contact the clinics shown above.

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MEDICAL QUESTIONNAIRE

This form should be completed by the parent/carer of the pupil seeking employment. After completion it should be taken or sent ***with the application form for the Employment Licence*** to your nearest school clinic.

Arrangements will then be made for the school doctor to complete and return the medical certificate on the application form to the parent or carer. In some circumstances the doctor may ask the pupil to attend for a medical examination.

Name of child: _____ Date of Birth: _____

Address: _____

Home tel no: _____ School: _____

Does your child suffer from any illness or medical condition?: _____

Please give details of your child's previous illnesses, operations, hospital admissions and attendance at out patients clinics: _____

Please tick 'YES' or 'NO' to the following:

	Yes	No
1. Does your child suffer from any bone, joint or muscle problems?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child suffer from any chest disease or asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your child suffer from any dizzy spells or epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your child suffer from any heart disease?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child take any medication?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered 'YES' to any of these questions, please give more details here including the name of any medication. Please write overleaf if you need more space.

Once you have completed the form, please read the following and sign below:

I, the parent/carer of _____ agree to my general practitioner, or any other doctor who has treated my child, giving information to the school doctor and for the school doctor to complete the medical certificate and send it to the Pupil Services.

Signature: _____ Date: _____

(Parent/Carer)