

**Application to Employ a Child – PART 2**

Children and Young Persons Act 1933-98, Education Act 1996, The Children Protection at Work Regulations 1998, and in conjunction with the Borough Council of Sandwell Byelaws 1998. Data Protection Act 1998 – In order to safeguard the welfare of the child, the information provided may be shared with other relevant parties.

To be completed by the child’s parent/carer (please use capitals) all sections must be completed. Failure to complete will delay registration.

**Medical Declaration**

Child’s Details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: |  | | | | Forename(s): | | | | |  | | | | |
|  |  | | | |  | | | | |  | | | | |
| Date of Birth: |  | |  | Age: | |  |  | | Male: | | |  | Female: |  |  |
|  |  | | | | | | | | | | | | | |  |
| Home Address: |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | | | |
| Post Code: |  |  | | | | Contact No. | |  | | | | | | |

General Practitioner’s Details

|  |  |  |
| --- | --- | --- |
| GP’s Name: |  | |
|  |  | | | | | |  |
| GP’s Address: |  | | | | | |
|  |  | | | | |  |
| Post Code: |  |  | | Contact No. |  | |

Employer’s Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Business Name: |  | | | |
|  |  | | | | | |
| Business Address: |  | | | | |
|  |  | | | | |
| Post Code: |  |  | Contact No. |  | |
|  |  | | | | |
| Description of Work |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does your child suffer from, or has previously suffered from any infections or long-term illness of any kind? (e.g. epilepsy, heart trouble, diabetes, back problems, sight or hearing impairments). | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Yes:** | | |  |  | | | | | | | | | | | | | | | | |
|  | | | | | | | Please tick appropriate box | | | | | | | | | | | | | | | |
|  | | **No:** | | |  |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| If you have answered **yes** please give information as fully as possible including the name of any medical conditions. A medical certificate/surgery stamp will need to be provided to confirm your child is in good health to carry out the duties required for his/her form of employment. | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
|  | This information will not necessary prevent your child from being issued a permit. | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | |  | |  | | | | | | | |
| 1. Does he/she currently have other jobs? | | | | | | | |  | | | | Yes: |  | | No: | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| 1. Have you been notified of the results of your child’s Health & Safety Risk Assessment carried out by the employer? | | | | | | | | | | |  | Yes: |  | | No: | | |  | |
|  |  | |  | | |  | |
|  | | | | | | | | | | |  |  |  | |  | | |  | |
| Please note: It is the employer’s responsibility to carry out a risk assessment and provide the outcome to the parent/carer. This must be done before a permit can be issued. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | |  |  | | | |  | |  | | |  | |

###### Parent /Carer Declaration

I consent to my child being employed by the named employer. I am aware of the type of work he/she will be doing and the hours he/she will be required to work. I confirm that my child is medically fit to do work and in my opinion the employment stated will not affect his/her health or education. I declare that to the best of my knowledge the information provided on this form is true.

|  |  |
| --- | --- |
| Name: |  |
|  |  | | | |
| Signed: |  | Date: |  |  | |
|  |  | | |  | |
| Relationship to child: |  | | |

In order to assist us in monitoring the effectiveness of our Equal Opportunities Policy you are requested to give the following information. Please tick appropriate box.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **White** | British |  |  | **Black** | African |  |
|  | European |  |  |  | African Caribbean |  |
| Irish |  |  |  | Other |  |
| Other |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Asian** | Indian |  |  | **Mixed** |  |  |
|  | Pakistani |  |  | (please state) |  |  |
|  | Bangladeshi |  |  | **Any other group** |  |  |
|  | Chinese |  |  | (please state) |  |  |
|  | Vietnamese |  |  |  |  |  |
|  | Other |  |  |  |  |  |

**PLEASE RETURN THIS APPLICATION TO YOUR CHILD’S EMPLOYER**