

## Employment of Children Application Form (Covid - 19)

**Part A – To be completed by the parent or guardian of the child to be employed.**

Child's Name	DOB	Parent's Name(s)	DOB	Telephone Numbers

Home Address	Email

School	Year

Gender	Ethnic origin	Child's first language	Parent's first language	Religion

Is your child under the care of a doctor or consultant?	Yes		No	
Is your child on any prescribed medication?	Yes		No	
Does your child have an EHC Plan or any Special Educational Needs?	Yes		No	

If you have answered 'yes' to any question above, please give more details. Please enclose the name and address of the doctor or consultant.

*I certify that my son/daughter does not have any medical condition or disability which may affect his/her suitability for the proposed employment and I understand that the local authority can insist that a child has a medical examination to prove he/she is fit to work and give my permission for such an examination to take place. I certify that I give my consent for my child to carry out this employment during any Covid-19 related lockdowns and social distancing restrictions.*

Name of Parent/Guardian	
Relationship to Child	
Date	
Signature	

Please complete both sides of the form and return it to:

**Education Welfare Service – AF48, County Hall, Beverley, East Riding of Yorkshire. HU17 9BA**

or email: [education.welfare@eastriding.gov.uk](mailto:education.welfare@eastriding.gov.uk)

**All information supplied by you in connection with this application, both now and in the future, will be processed in confidence by East Riding of Yorkshire Council for the purpose of protecting children in employment.**

For information about how Children and Young People's Education and Schools use your data, please visit the Privacy Notice which is available at <https://www.eastriding.gov.uk/council/governance-and-spending/how-we-use-your-information/find-privacy-information/privacy-notice-for-children-and-young-people-education-and-schools/>

If you would like a hard copy posting to you please let us know, alternatively if you would like to talk to someone further about your data then please also let us know

**Part B – To be completed by the employer****Employers Details**

Business Name	
Business Address	
Post Code	
Telephone Number	
Email Address	
Nature of Business	
Address of place child is to be employed	
Name of Manager/Supervisor	

**Employment Details**

Child's Job Title (is this a key worker role)	
Date Employment is to Commence	
Details of tasks child is to undertake	
Details of information given to the child in reference to Covid -19 and social distancing	

**Days and Hours of Work**

	School Days		School Holidays	
	Morning	Afternoon	Morning	Afternoon
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

**Employers Declaration**

*I have carried out a Young Persons' Risk Assessment in relation to the Health & Safety Regulations (Young Persons' Regulations 1997) and comprehensible and relevant information has been shared with the person with parental responsibility for the child. I also confirm that the appropriate insurance cover is in place.*

Name of Employer	
Date	
Signature	

Please complete both sides of the form and return it to:

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