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| **CHILDREN & FAMILIES - WIGAN COUNCIL****ChildLicensing@wigan.gov.uk****Child Licensing (Attendance Service)****Education - Children and Families****Wigan Council****PO Box 100****Wigan****WN1 3DS****Direct Telephone: (01942) 487139** |  |



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| **APPLICATION FOR CHILD EMPLOYMENT LICENCE** |

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| **PART A: Child’s Details (To be completed by Parent / Guardian)** |
|  | **Name of child** |  | **Date of birth** |  |  |
|  |
|  | **Address** |  | **Parent Telephone** |  |  |
|  |  | **Parent****Email** |
|  |
|  | **School** |  |  |
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| **PART B: Employment Details** |
|  | **Name of Employer** |  | **Tel No** |  |  |
| E-Mail Address: Contact Name  |
|  | **Address**  |  |  |
|  |
|  | **Occupation/Job title** **Duties to be undertaken** |  |  |
|  |
|  | **Place in which Employed**  |  |  |
|  |
|  | **Days of week Employed (TERM TIME)** |  |  |
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| **Days of week Employed (SCHOOL HOLIDAYS)** |  |  |

 |
|  | **Times at which Employment *Begins and Ends* (TERM TIME):** |
|  | **(a) Monday to Friday** |  |  |
|  |
|  | **(b) Saturdays** |  |  |
|  |
|  | **(c) Sundays** |  |  |
| **Times at which Employment *Begins and Ends* (SCHOOL HOLIDAYS):**

|  |  |  |
| --- | --- | --- |
| **(a) Monday to Friday** |  |  |
|  |
| **(b) Saturdays** |  |
|  |
| **(c) Sundays** |  |

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| **Medical Questionnaire** |

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|  |
|  | **Name of child** |  | **Date of birth** |  |  |
|  |
|  | **Address** |  | **Telephone** |  |  |
|  |  |  |
|  |
|  | **School** |  |  |
|  |
| **Family Doctor** |  |  |
|  |
| **Address** |  |  |
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**Please answer the following questions failure to do so may result in an unnecessary medical examination**

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|  | 1. Does your child have any of the following ? |
|  | Asthma or chest trouble | Yes |  | No |  |  |
|  | Heart Trouble | Yes |  | No |  |  |
|  | Skin Problems | Yes |  | No |  |  |
|  | Diabetes | Yes |  | No |  |  |
|  | Fits or Epilepsy | Yes |  | No |  |  |
|  | Physical disability | Yes |  | No |  |  |
|  | 2. Does your child take any regular medication? | Yes |  | No |  |  |
|  | 3. Does your child have hearing problems? | Yes |  | No |  |  |
|  | 4. Does your child have poor vision? | Yes |  | No |  |  |
|  | 5. Is your child attending a hospital specialist? | Yes |  | No |  |  |
|  |  **If Yes, please give details in the space provided below.** |  |  |
|  | 6. Is there anything else you would like the doctor |  |
|  |  to know (give further details if any box ticked YES) | Yes |  | No |  |  |
|  | Please give details |  |
|  |  |  |
|  |
|  | 7. I consider my child fit to undertake this work | Yes |  | No |  |  |
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| **Parent / Guardian Endorsement****Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **PART C: Parent / Guardian Endorsement**I certify that the information given is correct and that the employer has explained about and carried out a risk assessment prior to commencement of employment.**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **PART D: Employers Endorsement**I the undersigned do certify that a risk assessment has been carried out, in relation to the above employment, and that the Parents/Guardians have been notified and understand the findings.**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Print Name in Full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **Please ensure that the completed application form, medical questionnaire and supporting documents are emailed to:** **childlicensing@wigan.gov.uk**Alternatively you can post the form, medical questionnaire and supporting documents to:Child Licensing (Attendance Service)Education - Children and FamiliesWigan CouncilPO Box 100WiganWN1 3DSDirect Telephone: (01942) 487139 |  |

I attach the following:

(a) A copy of the child’s birth certificate (scanned copies are acceptable – please do not send original hard copies) ;

(b) Two identical prints (un-mounted) of a photograph of the child taken during the last 6 months or an electronic likeness (e.g. a jpeg file) ;

(c) A copy of the contract, draft contract or other documents (where they exist) containing details of the agreement regulating the child’s participation in the performance or activity to which this application relates.

Notes:

1) Electronic versions of this form and electronic documentation are acceptable, including signatures.

2) You should ensure that the parent/guardian and the chaperone are given a copy of the whole completed form, which you submit to the local authority.

3) Any person who fails to observe any condition subject to which a licence is granted or knowingly or recklessly makes any false statement in or in connection with an application for a licence is liable to a fine not exceeding £1000 (level 3 on the standard scale) or imprisonment for a term not exceeding three months or both (section 40 of the Children and Young Persons Act 1963).

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| **Certificate of Medical Examination (for office use only)** | Medical Assessment | Yes |  | No |  |  |
| **This is to CERTIFY that the pupil referred to above has been medically assessed and is \* fit / unfit to undertake the proposed employment.****Remarks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Base \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****(Community Child Health Doctor)** |