

FOR OFFICE USE ONLY

Certificate No:

Date of Issue:

## No child shall be employed without an employment certificate

Before completing this form will all employers please read the information leaflet outlining the Bylaws. The proposed child employment must comply with these requirements and the necessary registration and insurance needs must be satisfied.

There are certain types of employment which are prohibited for children, for further information a full copy of the Bylaws can be obtained from the Child Employment & Enforcement Officer.

## Application for the issue of a child employment certificate:

### Section (A) to be completed by the employer

Employer's Name .....

Address ..... Post Code .....

Nature of Business ..... Tel: .....

Proposed Employment for the Child .....

**\*Has an appropriate risk assessment been carried out by the employer, and shared with the parent and child. YES/NO**

Times of Employment (see information on permitted hours)

School days between ..... and .....

Saturday and holidays between ..... and .....

Sundays between ..... and .....

**Signature:** ..... **Date:** .....

**Please Print Name:**..... **Designation:**.....

**\*An employment licence cannot be issued unless this has been complied with**

**Section (B) see over**

## Section (B) to be completed by the Parent/Carer

Name of Child ..... Age: .....

Address ..... Post Code: .....

Date of Birth ..... School .....

**Has an appropriate risk assessment been carried out by the employer, and shared with the parent and child. YES/NO**

I consent to the employment referred to above and certify that the above particulars are correct.

**Signature:** ..... **Date** .....

**Please Print Name:**.....

## SECTION (C) Medical Declaration to be completed by the Parent/Carer

I certify that (name of child):.....

Is fit to take part in the employment for which the certificate is requested and that his/her health and will not suffer by doing so.

**Signed:** .....

**Relationship to child:** ..... **Telephone No:** .....

**Date:** .....

## Completed application forms should be returned to:

The Child Employment & Enforcement Officer  
Early Intervention Service  
2<sup>nd</sup> floor  
BASE  
Marsden Road  
BOLTON  
BL1 2PF

Enquiries to: Tel No: 01204 338173  
E mail: [childlicensing@bolton.gov.uk](mailto:childlicensing@bolton.gov.uk)

**Sections (A) Employer, (B) and (C) Parent/Carer must be fully completed.**