

**LONDON BOROUGH OF SUTTON  
EMPLOYMENT OF CHILDREN – NOTIFICATION**



**A. (Sections A; D overleaf) TO BE COMPLETED BY PARENT / CARER**

**PLEASE COMPLETE IN BLOCK CAPITALS**

<b>1</b>	NAME OF CHILD : (last name)			
	OTHER NAMES :			
<b>2</b>	ADDRESS			
		<b>3</b>	ETHNICITY	
<b>4</b>	NAME OF SCHOOL	<b>5</b>	DATE OF BIRTH	
<b>6</b>	NATURE OF EMPLOYMENT			
<b>7</b>	PLACE OF EMPLOYMENT			
<b>8</b>	SIGNATURE OF PARENT	Tel No.	(Home)	
			(Work)	
<b>9</b>	PRINT NAME OF PARENT			
<p><b>A COPY OF THE PERMIT WILL BE SENT TO THE PARENT/CARER VIA SECURE EMAIL. PLEASE PROVIDE YOUR EMAIL ADDRESS FOR THIS PURPOSE. Please print clearly</b></p>				
<b>10</b>	EMAIL OF PARENT			

**B. TO BE COMPLETED BY EMPLOYER**

<b>11</b>	NAME OF EMPLOYER	Tel No.	
<b>12</b>	ADDRESS		
<b>13</b>	NATURE OF BUSINESS		
<p><b>I confirm that a risk assessment has been carried out to ensure that the employment is not harmful to the health and safety of the child. (This is a legal requirement).</b></p>			
<b>13</b>	SIGNATURE OF EMPLOYER	DATE	
<b>14</b>	PRINT NAME OF EMPLOYER		
<b>15</b>	EMAIL FO EMPLOYER		
<p><b>A COPY OF THE PERMIT WILL BE SENT TO THE EMPLOYER VIA SECURE EMAIL. PLEASE PROVIDE YOUR EMAIL ADDRESS FOR THIS PURPOSE. Please print clearly</b></p>			
<b>16</b>	DAYS and TIMES OF EMPLOYMENT		

	Term time					School Holidays		
	MORNING		AFTERNOON		REST BREAKS (duration and timing)	am	pm	REST BREAKS (duration and timing)
	am begins	pm ends	am begins	pm ends		begins	ends	
<b>Mon</b>					X			
<b>Tues</b>								
<b>Wed</b>								
<b>Thurs</b>								
<b>Fri</b>								
<b>Sat</b>								
<b>Sun</b>								

State the dates of the 2 weeks when child will not be employed during the school summer holiday period →

**C. EMPLOYER'S NOTICE OF EMPLOYMENT**

**The Employer will receive a copy of the work permit via secure email once issued and should retain it for inspection.**

Bye-Laws regulating employment of Children made under Part II of the Children and Young Persons Acts 1933 to 1963 as amended by the Education Acts 1944 to 1996; the Children Act 1989; the Children (Protection at Work) Regulations 1998.

This is to certify that written notification as to the employment detailed above has been duly given to the Local Education Authority. If necessary, verification has been received by Community Paediatrics that he/she is fit to be employed as set out above

**D. MEDICAL DECLARATION** *(To be completed by parent/guardian)*

It is essential that this form is completed accurately in the interests of your child's safety. The information will be treated in confidence by the Education Authority and Community Paediatrics.  
The Child Employment Officer must be notified immediately of any changes in relation to your child's health.

17	Does your child suffer from :	YES ✓	NO ✓
	(a) Epilepsy, fits, fainting or blackouts		
	(b) Asthma or other chest disease		
	(c) Allergy or sensitivity to animals, food, dust or other substances		
	(d) A condition affecting mobility		
	(e) Poor vision or hearing		
	(f) Skin condition		
	(g) Diabetes		

If the answers to any of the previous questions is YES, please give details  
*(attach a separate sheet if necessary)*

18	<b>IMMUNISATION STATUS</b>
	Date of last Tetanus vaccination

19	<b>PLEASE GIVE YOUR FAMILY DOCTOR'S NAME, ADDRESS &amp; TELEPHONE</b>	
	Name	Tel No
	Address	

Is your child receiving medical treatment from your family doctor or hospital and / or has the child been given specific advice to follow in emergencies?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Please supply details				
<i>attach a separate sheet if necessary</i>				

Having completed this form, it may not be necessary for your child to have a medical; however, if you feel a medical is essential please indicate	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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I confirm that I wish my child / ward to be allowed to be employed and confirm that I know of no medical reason why he / she should not be able to work as stated. I certify that to the best of my knowledge the foregoing details are correct. I understand that I will be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true, or which leads to the employment of my child in breach of any Enactment, Regulation or Bye-law relating to the employment of children of compulsory school age.

20	Date	Signed
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Parent / Carer

**TO BE RETURNED AFTER COMPLETION OF SECTIONS A, B, & D TO :**  
**THE CHILD EMPLOYMENT AND PERFORMANCE LICENSING OFFICER**  
**Cognus Limited**  
**24 Denmark Road**  
**Carshalton**  
**SM5 2JG**  
**Tel : 020 8770 6612**  
**Email: childemployment@cognus.org.uk**