



Stockton-on-Tees
BOROUGH COUNCIL

**GUIDANCE NOTES FOR EMPLOYERS, PARENTS AND YOUNG PEOPLE
ON STOCKTON-ON-TEES BYELAWS RELATING TO THE EMPLOYMENT
OF CHILDREN OF COMPULSORY SCHOOL AGE**

NOTES TO BE RETAINED BY EMPLOYER FOR INFO

Hours of Employment:

No child under 13 years of age shall be employed.

Children aged 13 to official school leaving age may be employed in accordance with the local Byelaws.

School Term Time

During term time a child aged from 13 to the end of year 11 may work up to a maximum of 12 hours per week (this includes weekends).

School Days

A child may work for either 1 hour between 7am and 8am plus 1 hour between close of school and 7pm.

OR

2 hours between the close of school and 7pm.

Sundays

Maximum of 2 hours.

Saturdays and Holidays

Aged 13 and 14 years

Saturdays – up to 5 hours between 7am and 7pm.

School Holidays – 5 hours per day up to a maximum of 25 hours per week but not before 7am or after 7pm on any day.

Aged 15 until end of year 11 (last Friday in June if child will be 16 after the summer holidays)

Saturdays – up to 8 hours between 7am and 7pm.

School Holidays – 8 hours per day up to a maximum of 35 hours per week but not before 7am or after 7pm on any day.

In addition to above, employers must ensure that children have two consecutive weeks free from work during the school holidays each year. Children must have a one hour break after 4 hours continuous work.

Responsibility of Employers

The employer shall keep a notice showing the name, address and date of birth of the child, the occupation in which and the times within which the child may be employed on school days, on Sundays and on week-days when school is not open. This notice should be available for inspection, when requested, by an officer of Children, Education & Social Care, Stockton Borough Council.

The employer shall send to the local authority on the first day of July in every year the name and addresses of children in their employ on that date



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Employment of Children Application Form

Children and Young Persons Act 1933 to 1963 (as amended by the Education Acts 1944 to 1976 and the Children Act 1972). The Stockton-on-Tees Byelaws relating to the Employment of Children dated 8th February 1999.

Completed forms should be forwarded within four days of employing a child together **with a copy of the child's Birth Certificate/Passport to attendance.team@stockton.gov.uk**

Part 1 and 3 to be completed by person with parental responsibility

PART 1

Name of Child:

Date of Birth:

Address:

School Attending:

Sex: M F

Permit number of any previous employment if known:

THE ENCLOSED QUESTIONNAIRE SHOULD BE RETURNED WITHIN 7 DAYS AND THE CHILD MAYBE ASKED TO ATTEND FOR A MEDICAL EXAMINATION.

Parental Consent (see guidance notes)

I have no anxiety regarding my child's health and am unaware of any medical reason which would prevent him/her from carrying out the proposed employment. I agree to the school doctor examining my child if this is thought to be necessary.

Signature:

(Parent/Carer) Telephone No:

PART 2 (To be completed by Employer)

Hours of Employment: the times at which employment begins and ends should be clearly shown (See guidance notes)

School Days	am	pm
School Holidays	am	pm
Saturdays	am	pm
Sundays	am	pm

Proposed Employment

I certify that such employment will not be prejudicial to the health or physical development of the young person and will not render him/her unfit to obtain proper benefit from his/her education.

Name of Employer (Block capitals)

Tel.

Business Name:

Nature of Business:

Address:

Nature of employment of young person:

Main duties of the young person:

Signature of Employer:

Print Name:

Date:



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HEALTH QUESTIONNAIRE

Name:

Date of Birth:

Address:

School Attending:

1) Which General Practitioner is your child registered with?

Name:

Address:

2) Do you have any worries about your child's health?

3) Is your child under the care of a hospital consultant?

If so, please give name and hospital:

4) Does your child take any medication?

If so, please state what

5) Does your child wear a hearing aid or glasses?

6) Are there any other problems you feel we should know about?

Signed:

Print Name:

Relationship to child:

Date:

THIS FORM MUST BE RETURNED WITHIN 7 DAYS TO: attendance.team@stockton.gov.uk