

# Child Employment Act 2003

## Child Employment Information Form

Department of Economic Development, Jobs, Transport & Resources - Child Employment  
Level 16, 1 Spring Street Melbourne VIC 3000  
1800 287 287 <http://www.business.vic.gov.au/childemployment>

### Do you need to complete this form?

This form is to be completed by the child's parent/guardian where a child under the age of 15 is to be employed.

Where a child less than 15 years of age is employed in the entertainment industry, the employer must obtain the information as set out in Section 7 of the *Mandatory Code of Practice for the Employment of Children in Entertainment 2014* (made under the *Child Employment Act 2003*). This form has been developed to assist employers to collect the information required by the Code. Questions seeking additional but related information are also included but not mandatory. The purpose of the information is to assist the employer in protecting the health and well-being of the child while the child is employed. **A child cannot commence employment until the information has been provided to the employer.**

The information provided will be treated confidentially in keeping with any obligations under Victorian and Commonwealth privacy laws. The information will be used only to assist the employer to meet his or her responsibilities under the *Mandatory Code of Practice for the Employment of Children in Entertainment 2014* to protect the safety, health and well-being of the child at work.

Note: You are encouraged to answer non-mandatory questions to assist in providing relevant information to the employer to ensure the best welfare for your child.

### Child Information

Reference: section 7(a) of the Code

#### Child's full name

Surname  Given name 1  Given name 2

Date of birth  Gender Male  Female

#### Address

Street address

Suburb/Town  State  Postcode

Phone  Mobile  Fax

Language(s) other than English spoken at home

### Parent/Guardian Information

Reference: section 7 (b) and (c) of the Code

#### Parent 1

Title  Surname  Given name

Email address

Address Same as child's address

Street address/Postal address

Suburb/Town  State  Postcode

#### Contact details

Please enter at least one contact

Home phone (  )  Business phone (  )  Mobile

**Parent 2 (if applicable)**

Title  Surname  Given name

Email address

**Address** Same as child's address

Street address/Postal address

Suburb/Town  State  Postcode

**Contact details**

Please enter at least one contact

Home phone (  )  Business phone (  )  Mobile

**Guardian 1 (if applicable)**

Title  Surname  Given name

Email address

**Address** Same as child's address

Street address/Postal address

Suburb/Town  State  Postcode

**Contact details**

Please enter at least one contact

Home phone (  )  Business phone (  )  Mobile

**Guardian 2 (if applicable)**

Title  Surname  Given name

Email address

**Address** Same as child's address

Street address/Postal address

Suburb/Town  State  Postcode

**Contact details**

Please enter at least one contact

Home phone (  )  Business phone (  )  Mobile

**Emergency contacts**

*Reference: clause 7 (e) of the Code*

In the event of any accident, injury, trauma or illness involving the child, if a parent or guardian cannot be contacted, are there any other persons the employer may notify to collect and care for the child? If yes, please provide contact details.

**You are strongly advised to complete this section.**

**Full name**

Title  Surname  Given name

**Address**

Street address/Postal address

Suburb/Town State Postcode **Contact details**

Please enter at least one contact

Home phone ( ) Business phone ( ) Mobile Relationship to child **Full name**Title Surname Given name **Address**

Street address/Postal address

Suburb/Town State Postcode **Contact details**

Please enter at least one contact

Home phone ( ) Business phone ( ) Mobile Relationship to child **Court orders***Reference: section 7(c) and (h) of the Code*

Are there any court orders affecting a parent's or guardian's power or responsibilities in relation to the child or access to the child (e.g. consent to medical treatment, administration of medication, or collection of the child)?

 Yes  No

If yes, please provide details

**Authorised persons***Reference: section 7(h) and 20(1) and (2) of the Code*

The Code requires an employer to ensure that each child aged less than 13 years is taken home by an authorised person after work. As consent is required if someone is to collect a child on a parent's behalf, please provide details of all persons you authorise to collect your child from work. Note that this list may be added to or changed and may include the employer, if the employer provides the transport.

**Full name**Title Surname Given name

**Address**

Street address/Postal address

Suburb/Town

State

Postcode

**Contact details**

Please enter at least one contact

Home phone ( )

Business phone ( )

Mobile

Relationship to child

**Full name**

Title

Surname

Given name 1

Given name 2

**Address**

Street address/Postal address

Suburb/Town

State

Postcode

**Contact details**

Please enter at least one contact

Home phone ( )

Business phone ( )

Mobile

Relationship to child

**Medical and health information**

*Reference: section 7(b) and (c) of the*

**Code Medical service details**

Name of doctor/medical service

**Address**

Street address

Suburb/Town

State

Postcode

**Contact details**

Business phone ( )

**Health insurance details**

Medicare number

Ambulance subscriber number

Name of private health fund

Membership number

**Maternal and child health details**

Name of the child's Maternal and Child Health (MCH) centre (applicable to pre-school aged children only)

Business phone ( )

Does the child suffer from any of the following? (tick all that apply)

**Conditions**

Asthma

Diabetes

Blackouts

Dizzy spells

**Allergies**

Penicillin

Other drugs (specify)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Heart conditions | <input type="checkbox"/> Other foods (specify) |
| <input type="checkbox"/> Migraine         | <input type="checkbox"/> Travel sickness  | <input type="checkbox"/> Other (specify)       |
| <input type="checkbox"/> Other (specify)  |   |  |

Additional details

If any special care is required while the child is at work, please provide details, including emergency procedures as appropriate (attach further pages if required)

Is the child presently taking medication?     Yes     No

If yes, please provide details of any medication to be administered at work, the required dosage, and the person(s) authorised to administer the medication

Has the child been immunised in accordance with standard medical guidelines against childhood illnesses?     Yes     No

When was the child's last tetanus immunisation?   

Does the child have any special dietary needs?     Yes     No

If yes, please provide details

Is there anything else the employer should know about the child (e.g. excessive fears, food preferences, favourite activities, etc.)?

Yes     No

If yes, please provide details

## Declaration and consent to emergency medical treatment

Reference: section 7(d) of the Code

To  (employer's name)

I,  (parent's/guardian's full name)

a person of lawful authority\* of the child named in this Child Employment Information Form:

- declare that the information in this form is true and correct and undertake to immediately inform the employer in the event of any change in this information
- declare that my child is not suffering from any illness or medical condition that would affect his/her ability to engage in work
- agree to collect or make arrangements for the collection of my child if he/she becomes unwell
- agree to notify the employer immediately if my child contracts or is exposed to any infectious illness or condition that may pose a risk to the health of others
- consent to the employer or the staff of the employer obtaining appropriate medical or emergency treatment for my child if no parent or guardian can be contacted at the time
- acknowledge and accept that circumstances may occur when it is necessary for the employer or the staff of the employer to arrange immediate medical treatment in an emergency situation, even involving hospitalisation, surgery and the administering of anaesthetics
- authorise the employer or the staff of the employer to act in such circumstances with the best interests and welfare of my child in mind.

Signature of person completing this application

Date

### \* Lawful Authority Notes:

#### Parents

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. It is not affected by the relationship between the parents, such as whether or not they live together or are married. The *Child Employment Act 2003 (Vic)* adopts the definition of 'parent' in section 4 of the *Children and Young Persons Act 1989 (Vic)*.

A court order, such as under the *Family Law Act 1975 (Cth)*, may take away authority of a parent to do something, or may give it to another person.

#### Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order

## Privacy statement

A parent or guardian may view this form and may seek to correct any error or omission in the information.

The information provided may be viewed and used by the employer named in the child's Child Employment Permit and other appropriate persons who have responsibility for the child while he or she is working. It may also be viewed by Child Employment Officers of the State of Victoria for the purpose of ensuring compliance with the Child Employment Act 2003, the Child Employment Regulations 2014, and the Mandatory Code of Practice for the Employment of Children in Entertainment 2014. The information contained in the form will not be provided to any other person without your consent or used for any purpose other than ensuring the well-being of your child.

After the required period of retention by the employer, this form will at the parent's/guardian's option be returned, destroyed, or retained in a secure manner by the employer in his/her files in anticipation of future employment of the child.

### Please select one of the following options

- I agree to the employer destroying this form
- I request that the form be returned to me
- I agree to the employer retaining the completed form in his/her records in anticipation of future employment of the child

Parent/Guardian signature

Date

### Acknowledgement by employer

Name

Signature

Date

## Feedback

To provide comments, feedback or suggestions for improvement, please email: [childemployment@ecodev.vic.gov.au](mailto:childemployment@ecodev.vic.gov.au)