APPLICATION FOR CHAPERONE'S APPROVAL

"The Licensing Authority must not approve a person as a chaperone unless it is satisfied that the person is suitable and competent..."

(Regulation 15(4) The Children (Performance and Activities) (England) Regulations 2014)

"Any person who knowingly or recklessly makes any false statement in or in connection with an application for a licence ... shall be liable on summary conviction to a fine not exceeding £1,000, or imprisonment for a term not exceeding three months or both."

(Children and Young Persons Act, 1963, Part II, Section 40)

All information given in this application form will be treated in confidence, with the exception of information relating to criminal offences. Please complete this form in type or BLOCK CAPITALS.

APPLICATION TO

			COUNCIL	
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SURN	IAME		MR/MRS/MISS/MISS/DR	
FIRST	Γ NAMES			
DATE	AND PLACE OF BIRTH			
ADDRESS, including full post code				
PHON	IE NUMBERS			
E MAI	L			
HOW	LONG AT THIS ADDRESS			
PLEA	SS THAN FIVE YEARS, SE LIST ALL PREVIOUS RESSES DURING THAT			
PRESENT / LAST EMPLOYER & TYPE OF WORK				
ADDRESS				
PROFESSIONAL QUALIFICATIONS				
Have you ever before been approved as a chaperone?				
Have you ever been refused a chaperone licence?				
Are you a registered child minder or foster carer? If yes to any of these, please give details and the name and address of the relevant Local Authorities.				

Do you have a current first aid qualification?						
Do you have a valid driving licence?						
Would your car insurance allow you to carry passengers whilst you are employed as a chaperone?						
Do you have any health condition or a disability that might have a bearing on your application? If so, give details:						
Have you undertaken Child Protection or Safeguarding Training?	Yes / No Give details					
Please give the name, address and phone number of two responsible persons who would be prepared to give you references as to your suitability to be a chaperone. At least one of these should know you in a professional capacity.						
Name:						
Address:						
Telephone: Occupation:						
Please state in what capacity the person is known to you and why you think he or she is able to comment on your suitability.						
Name:						
Address:						
Telephone:	Occupation:					
Please state in what capacity the person is known to you and why you think he or she is able to comment on your suitability.						
Please note the Local Authority will decide whether a proposed referee is acceptable or not and whether any references that are supplied, satisfactorily demonstrate your suitability.						
What makes you think you are qualified to carry out the duties of a chaperone? Please give details of any other relevant work experience (e.g. teaching, social work, youth work, child minding, nanny, play groups, nursery nurse, or if you have acted in a voluntary capacity, such as with cubs/brownies). Please also add anything else that you would wish to add in support of this application. You may continue on another sheet if insufficient room here.						
If you are approved as a chaperone how will you r	make use of your licence?					
7						

For the purpose of registration as a chaperone, nothing is considered spent and everything must be declared. Please tick the appropriate box below, and give details as needed. I have not been convicted of any offences I have been convicted of the offences shown below: DATE **COURT OFFENCE RESULT** Your name will appear on a list of the LA's approved chaperones, unless you indicate otherwise. Do you agree to your name being placed on the list? Y/N If your application is approved, do you wish for your details to be given to agencies seeking to employ chaperones? Y/N **DECLARATION TO BE SIGNED BY THE APPLICANT** I hereby declare that the above information is true, to the best of my knowledge. I understand that I would be liable to prosecution if I wilfully stated in my application anything which I know to be false or do not believe to be true. SIGNED DATE This form, along with a DBS form attainable from the address below, should be completed & returned, together with two passport sized portrait photographs to: **Child Employment & Licensing Officer**

Due to the nature of the work, we need to know if you have ever been convicted of a criminal offence, including any traffic offences. A Disclosure & Barring Service check will be undertaken as part of the registration process.

Child Employment & Licensing Officer

ACE Team,

3rd Floor

145 King Street

London W6 9XY

For Office Use Only

	Date Received	Date Sent	Date Returned
Form ID Proof of Address Photo			
Cheque & Amount			
DBS (& Ref No.)			
References		1. 2.	1. 2.
Outcome			