APPLICATION FOR CHAPERONE LICENCE

Children and Young Persons Act 1963

Children (Performance and Activities) (England) Regulations 2014

All information given in this application form will be treated in confidence, other than information relating to criminal offences. Please complete this form in type or BLOCK capitals. Incomplete applications will be returned to the applicant for completion.

*The licensing Authority shall not approve a [chaperone] unless they are satisfied that [they are] suitable and competent…*

*- Regulation 15(4), Children (Performance) 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 11, Section 40*

Personal details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname: | |  | | | Title: | MR / MRS / MISS / MS / DR |
| Forenames: | |  | | | | |
| Date of birth: | |  | | |  | |
| Address: | |  | | | | |
| Postcode: | |  | |  | | |
|  | | | | | | |
| Telephone number: | | |  | | |  |
| Mobile: |  | | | | |  |
| Email: |  | | | | |  |

Employment details

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Present/last employer | | |  | | | | | | | |
| Type of work: | | |  | | | | | | | |
| Address: |  | | | | | | | | | |
| Postcode: |  | | | | |  | | | | |
| Work Telephone number: | | | |  | | | |  | | |
|  | | | | | | | | | | |
| Length of employment | | | | Start date: |  | | End date: | | |  |
| Contact person: | |  | | | | | Status: | |  | |

Previous experience

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever been approved of as a Matron/Chaperone | YES |  | NO |  |
| Are you a registered childminder or foster carer? | YES |  | NO |  |
|  | | | | |
| If yes to either, please give the name and address of the approving authority | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a valid driving licence? | YES |  | NO |  |
| Would your car insurance allow you to carry passengers whilst you are employed as a chaperone? |  |  |  |  |
| YES |  | NO |  |

Health information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have any health and/or physical condition that might have a bearing on your ability to act as a Chaperone/Matron? |  |  |  |  |
| YES |  | NO |  |
|  | | | | |
| If yes, please give details | | | | |

Other associations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you any association with a school of dance or drama? | YES |  | NO |  |
|  | | | | |
| If yes, please give details | | | | |

|  |
| --- |
| Reason for application for chaperone/matron approval |

Further information

|  |
| --- |
| Please give details of any relevant work experience (eg teaching, social/youth work, childminding, nanny, playgroups, nursery nurse, entertainment, sporting activities with young people, advertising industry, or if you have acted in a voluntary capacity such as brownies/scouts.  Please add anything else that you wish in support of this application. You may continue on another sheet if necessary |

References

|  |  |  |  |
| --- | --- | --- | --- |
| Please provide details of two responsible persons who would be prepared to give you references as to your suitability to be a chaperone/matron. A relative or member of the production company will not be deemed appropriate. | | | |
| Referee 1: | | | |
| Full name: |  | |  |
| Address: |  | | |
| Postcode: |  | | |
| Telephone number: | |  |  |
| Capacity in which the above person is know to you | | |  |
| Referee 2: | | | |
| Full name: |  | |  |
| Address: |  | | |
| Postcode: |  | | |
| Telephone number: | |  |  |
| Capacity in which the above person is know to you | | |  |

Disclosure & Barring Service checks

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Due to the nature of the work, we need to know if you have ever been convicted of a criminal offence, including traffic offences. Please tick as appropriate 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: | | | |
|  |  |  | |  | | | |
|  | | | | | | | |
| Have you ever been known to Social Services? | | | YES | |  | NO |  |
|  | | | | | | | |
| If yes, please give details | | | | | | | |
|  | | | | | | | |
| Occasionally we are approached by organisations requiring additional chaperones. If your application is approved, are you happy for your details to be provided to them so they can approach you directly regarding your availability? | | | YES | |  | NO |  |
|  |  |

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 will be liable to prosecution if I wilfully state anything I know to be false or do not believe to be true. | | |
| Signed: |  |  |
| Dated: |  |  |

Please note that all Chaperone licence applications must be delivered by hand to the address shown below, together with two passport style photos and one of the following:

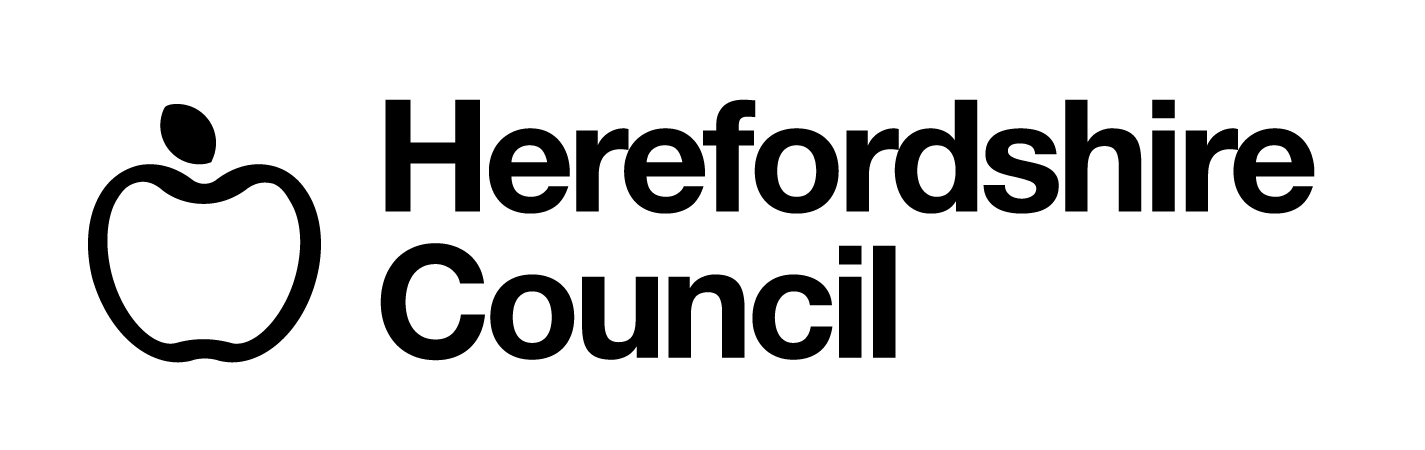
* Your Enhanced DBS certificate, if issued in the last six months, or
* Your online DBS application reference number, payment and forms of identification   
  - For unpaid chaperones the admin fee for processing a new DBS is £8.00   
  - For paid chaperones the fee for a new Enhanced DBS certificate is £53.60

Please contact 01432 383342 in order to make an appointment to deliver your application. You should allow around 20 minutes for your visit.

|  |  |  |
| --- | --- | --- |
| Office use only | | |
| Payment received | |  |
| Application approved | |  |
| Application refused | |  |
| Signed: |  | |
| Date: |  | |

Lorraine Ralph or Kathy Gundy

8 St Owen Street, Hereford, HR1 2PJ



Herefordshire Council is the Data Controller under data protection law and will use the information you provide on this form in order to provide you with the licence you apply for. The legal basis for processing this data is your consent to do so. You can withdraw your consent at any time by notifying us, however this will result in a licence not being provided or withdrawn.

We will keep your data for 2 years after the licence ends. Your information will only be shared with the Disclosure and Barring Service for the purposes of carrying out a DBS check. It is necessay to do so if you do not have a current enhanced DBS disclosure that is less than 6 months old. Equally, if you agree for us to do so, we will share your information with other organisations requiring chaperones. Your information will not be shared further, unless it is necessary to do so in cases such as preventing or detecting crime.

Individuals have a number of rights under data protection law, including the right to request their information. You also have a right to make a complant about our handling of your personal data to the Information Commissioner’s Office https;//ico.org.uk/