

APPLICATION FOR CHAPERONE APPROVAL

Children & Young Persons Act 1963 The Children (Performances & Activities) (England) Regulations 2014

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) (a), **The Children (Performances 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**)

The information collected may be shared with relevant colleagues within the County Council and other relevant parties in order to establish your suitability. Please complete this form in type or block capitals. An incomplete application form may result in the return to the applicant thus prolonging the issue date of the licence.

Please confirm whether you are applying as a voluntary chaperone or a paid (professional) chaperone	Voluntary <input type="checkbox"/> Paid <input type="checkbox"/>
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TITLE: (Mr/Mrs/Ms/Miss)		DATE OF BIRTH:	
FIRST NAME:	MIDDLE NAME:	SURNAME:	
ADDRESS:			
POSTCODE:			
TELEPHONE NUMBERS			
MOBILE:			
HOME:		WORK:	
EMAIL ADDRESS: <i>(Please print)</i>			
HOW LONG HAVE YOU LIVED AT THIS ADDRESS? If less than 5 years, please list all previous addresses during that time:			
PROFESSIONAL QUALIFICATIONS:			

WORK EXPERIENCE:

Please give details of any relevant work/voluntary experience (e.g. teaching, social work, youth work, child minding, nanny, playgroups, nursery nurse, or if you have acted in a voluntary capacity, such as with cubs/brownies, etc.

Please also state anything else that you would wish to add in support of this application. You may continue on another sheet if there is insufficient room below.

TRAINING:

Please provide details of any safeguarding training you have undertaken including dates and the training provider:

PRESENT/LAST EMPLOYER: (Delete as applicable)

Name:

Address:

Type of work:

Length of Employment:

Start Date:

Finish Date:

Name of contact person at the company:

Position held by contact person:

Telephone number for contact person:

Have you ever been approved as a chaperone? Yes No

Are you a Registered Child Minder or Foster Carer? Yes No

If **yes** to either of these questions, please give the name and address of the approving Authority:

Do you have a current First Aid Qualification? Yes No

Date of issue and awarding body:

Do you have a valid Driving Licence? Yes No

Does your car insurance allow you to carry passengers whilst you are employed as a chaperone? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you Registered Disabled Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give your Registration Number:
Please confirm whether you have any medical condition(s) and/or disability which might have an impact on your ability to carry out the role of chaperone and if so, provide details below: (If yes, please provide a letter from your GP or consultant to confirm that you are fit and able to look after children working in entertainment).
Have you read the 'Chaperone Roles & Responsibilities' document? Yes <input type="checkbox"/> No <input type="checkbox"/>
We maintain a centralised list of approved chaperones for Leicestershire County Council, are you willing for your name and contact details to be made available to proprietors seeking chaperones on request? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give details of the organisation and the date of the first production you will be chaperoning for: Start Date Venue Proprietor/Organisation

Please provide the names of two referees (not family members/partners/partner's family) who have known you for **more than 2 years**. At least one of these should know you in a professional capacity. They must know of your experience looking after children and your suitability to act as a chaperone. **They must NOT know you solely in connection with the organisation in which you are seeking to become a chaperone for.**

REFERENCES Name (Mr/Mrs/Miss) Address: Postcode: Telephone Number:	Name (Mr/Mrs/Miss) Address: Postcode: Telephone Number:
E-mail: (Please print)	E-mail: (Please print)
Context in which known: Professional <input type="checkbox"/> Personal <input type="checkbox"/>	Context in which known: Professional <input type="checkbox"/> Personal <input type="checkbox"/>

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 have wilfully stated in it anything which I know to be false or do not believe to be true. I understand that any application will be subject to satisfactory references, assessments and DBS check. Any misleading statement or deliberate omission may disqualify my application.

I consent to Leicestershire County Council undertaking any necessary enquiries and checks in order to confirm that the information included in this application form is correct, to check whether I have any relevant criminal records which might make me unsuitable for the role of chaperone.

I consent to Leicestershire County Council disclosing any information within this form to other services within the County Council (including but not limited to Social Services), or to any third parties, to the extent it is deemed reasonably necessary for the purpose of obtaining information for establishing my suitability for chaperoning.

Signed Date

COUNTERSIGNED BY PROPRIETOR

Signed Date

Passport Size Photograph

1. Once you have obtained a passport size portrait photograph (taken within the previous six months) take it to any one of the following who know you personally for authorisation:

A professionally qualified person (such as a doctor, teacher, lawyer, engineer); bank manager; Member of Parliament; Justice of the Peace; minister of religion, established civil servant or a person of similar standing.

A relative is not eligible to authorise.

2. Ask the person to endorse the back of the photograph with the following:

"I certify that this is a true likeness of (*insert name of applicant*)"
sign his/her name and add the date the likeness was confirmed.

3. Then ask the person to complete the authorisation details below.

AUTHORISATION DETAILS:

I confirm that I have certified the passport sized portrait photograph.

Title: (Mr/Mrs/Ms/Miss)

Full Name:
(Please print)

Position/Designation:

Telephone Number:

Company Address/Stamp

Signed:

Date:

Once the form is complete, you will need to contact the Child Performance & Employment Team (contact details below) to make an appointment to see a Child Licensing Officer for an informal interview and to present your documents:

- **One certified passport size portrait photograph.**
- **3 x proof of identity - 2 of the following: passport, driving licence or birth certificate and one other proof of address dated within the last 3 months e.g. utility bill, bank statement.**
- **Contact details for two referees, at least one of which should know you in a professional capacity (*relatives not appropriate*).**
- **£8.40 charge for volunteers or £61.20 for professional (*please bring the correct cash, or a cheque made payable to Leicestershire County Council*).**
- **Current original DBS certificate (*if issued by Leicestershire County Council within the last 3 years*).**

**To: Lis Hatty
Leicestershire County Council
Child Performance & Employment Team
Room 100b
County Hall
Glenfield
Leicestershire
LE3 8RF
Tel: 0116 3057820**