



CHILDREN'S SERVICES and EDUCATION DEPARTMENT

CHAPERONE APPLICATION FORM

THE CHILDREN (PERFORMANCES and ACTIVITIES) (ENGLAND) REGULATIONS 2014

"The Licensing Authority shall not approve a chaperone unless they are satisfied that he/she is suitable and competent"

Regulation 15 of THE CHILDREN (PERFORMANCES 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.

Name of Group(s) Associated with: e.g. agency, dance school, theatre, drama, operatic group etc	
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Please tick relevant box

<input type="checkbox"/>	I declare that I am applying to be a chaperone as a volunteer and will not be paid for any work undertaken
<input type="checkbox"/>	I declare that I am applying as a 'professional' chaperone with the intention of being paid for any work undertaken

Title	Mr / Mrs / Miss / Ms / Other
Surname	
First Name(s)	
Date of Birth and Place of Birth	
Address <i>Please include post code</i>	
Contact Telephone No. <i>Please include area code</i>	
Email address	
How long have you lived at this address?	
If resident less than 5 years, please list your previous address(es) <i>Use a continuation sheet if Necessary</i>	
National Insurance No.	

Present Employer	
Work Address	
Type of Work	

Professional Qualifications	
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<p>Additional Information</p> <p>(a) Have you ever been approved as a Chaperone? If so, when and by which Local Authority?</p> <p>(b) Are/were you a registered child minder or foster carer? If so, when and with which Authority?</p> <p>(c) Have you received first aid training? If so, please provide a copy of your certificate or details of the training provider and pass dates for verification purposes.</p> <p>(d) Have you undertaken Child Protection training in the last three years? If so, provide a copy of the course/event attendance certificate or details of the provider and dates, for verification purposes.</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p>
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Please give details of any other relevant work experience (e.g. social work, teaching, youth work, playgroups, child minding, nursery nurse, professional nanny, or if you have acted in a voluntary capacity for organisations such as the 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 required.



DECLARATION OF CRIMINAL OFFENCES

The position for which you are applying is subject to Disclosure and Barring Service (DBS) clearance as it involves regular contact with children and access to vulnerable adults. Therefore, you are required to declare on this form any information relating to prosecutions or convictions, cautions, reprimands, warnings, bind-overs or prosecutions you may have (pending or otherwise), even if they would otherwise be regarded as ‘spent’ under the Rehabilitation of Offenders Act 1974.

You are required to provide the following information, which may be passed on to the Police Authorities / regulatory bodies to check the existence and content of any criminal record. Any information you provide will only be taken into account if it is relevant to this application.

Have you ever been the subject of a conviction, caution, reprimand, warning or allegation? YES NO

Do you have any criminal proceedings pending? YES NO

If you have answered “Yes” to either or both of these questions, you must provide ALL details below. Please write NONE if you have nothing to declare.

Nature of Offence(s): (i.e. conviction, caution, reprimand, warning, bind-over or other allegation)	Details of conviction, caution, reprimand, warning, bid-over or allegation:	Date of Offence	Disposal / Sentence

Please continue on a separate sheet if necessary and ensure it is attached to this form

Do you have any outstanding prosecutions / court cases that are waiting to be heard? YES NO

If you have answered “Yes” to this question, please provide details in the table below:

Date of case (if known)	Details of case(s) pending:

Please give below the details of two responsible adults who would be prepared to provide a reference as to your suitability to become a chaperone. Wherever possible, references should be from separate sources and not from the same organisation. For example, current or most recent employer, someone who knows you in a professional capacity or a person who has knowledge of and can comment on your work with children. References cannot be accepted from a spouse, partner or family relation or from someone with whom you live. Please state in what capacity the person is known to you **and** ensure that you have permission to provide their details on the application form.

Reference 1	Reference 2
Name (including title) and full postal address:	Name (including title) and full postal address:
Email Address:	Email Address:
Telephone No:	Telephone No:
Context in which known:	Context in which known:
Period known:	Period known:

If approved, do you agree to your details being put on a list of Local Authority approved Chaperones that may be circulated to Production Companies?

DECLARATION TO BE SIGNED BY THE APPLICANT

1. I hereby declare that the above information is true to the best of my knowledge. I understand that I will be liable for prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.
2. I declare that I have read the 'Guidance for Chaperones' information booklet and understand the duties and responsibilities of a chaperone. I am fit and able to undertake all the duties detailed within the guidance document.
3. I declare that I am not disqualified from working with children and am not the subject of any ongoing investigation or sanctions which may bring into question my suitability to act as a chaperone.
4. If approved, I declare that I will notify Blackburn with Darwen Borough Council's Learning Access Service within 7 days of:
 - any arrest for an offence that could go to trial in a Court of Law
 - any conviction following an arrest, whether in the UK or otherwise
 - any serious or communicable illness or disease, e.g. scabies, swine flu, typhoid fever etc.
 - any change of name or address or any change in circumstances that may affect my ability to effectively carry out the duties and responsibilities of a chaperone.
5. I also declare that I have completed the Blackburn with Darwen Safeguarding Unit 'Initial e-learning course for Safeguarding Children' prior to the processing of this application form.
6. I understand that the applicants' personal data will be held by the Local Authority in accordance with DPA guidelines.

Signed: _____ Date: _____

Print Name: _____