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Chaperone application form

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The Children (Performances & Activities) (England) Regulations 2014

Application for approval as a chaperone

‘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 (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.**

## Personal details

Name of group(s) associated with (eg theatre group, drama group, operatic group, dance school etc):

Click or tap here to enter text.

Title: Click or tap here to enter text.

First names: Click or tap here to enter text.

Surname: Click or tap here to enter text.

Date and place of birth: Click or tap here to enter text.

Address (including postcode):

Click or tap here to enter text.

Telephone (including STD code): Click or tap here to enter text.

Mobile: Click or tap here to enter text.

Email address: Click or tap here to enter text.

How long have you lived at this address: Click or tap here to enter text.

If less than five years please list previous address(es):

Click or tap here to enter text.

National Insurance number: Click or tap here to enter text.

Do you have a valid driving licence: Yes/No

If yes, does your car insurance allow you to carry passengers whilst you are employed as a chaperone?: Yes/No

## Employment

Present employer: Click or tap here to enter text.

Address:

Click or tap here to enter text.

Date started employment: Click or tap here to enter text.

Job title: Click or tap here to enter text.

Job description:

Click or tap here to enter text.

Professional qualifications

Click or tap here to enter text.

## Additional information

1. Have you ever been approved as a chaperone/matron? If so, when and by which authority?

Click or tap here to enter text.

1. Are/were you a registered child minder or foster carer? If so, when and with which authority?

Click or tap here to enter text.

1. Have you received first aid training? If so, provide copy of certificate and details of training provider and dates for verification purposes.

Click or tap here to enter text.

1. Have you undertaken child protection training in the last three years? If so, provide a copy of certificate or details of provider and dates.

Click or tap here to enter text.

1. If approved will you be acting as a chaperone in a volunteer or professional capacity?

Click or tap here to enter text.

Criminal records checks

The work for which you are applying will entail regular contact with children and is exempt from the Rehabilitation of Offenders Act 1974. Therefore, you are required to declare any convictions, cautions, bind-overs or prosecutions you may have, even if they would otherwise be regarded as 'spent' under this act.

Have you ever been convicted of any criminal offence? Yes/No

If yes, please specify the date of conviction, court, nature of offence and sentence imposed.

Click or tap here to enter text.

You are also required to declare any cautions, bind-overs or prosecutions you may have, even if they would otherwise be regarded as ‘spent’ under the above act. Please enter details below:

Click or tap here to enter text.

References

Please give the information below of **two responsible persons** who would be prepared to provide a reference as to your suitability to be a chaperone.

References should be from separate sources and not from the same organisation or employer eg current or most recent employer, a person who has knowledge of and can comment on your work with children or someone who knows you in a professional capacity.

References cannot be accepted from a spouse, partner and family relation or from someone with whom you live.

**First reference**

Name: Click or tap here to enter text.

Professional role: Click or tap here to enter text.

Address:

Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Second reference**

Name: Click or tap here to enter text.

Professional role: Click or tap here to enter text.

Address:

Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Experience

Give below details of any relevant experience of working with children in either a voluntary or professional capacity:

Click or tap here to enter text.

Declaration to be signed by the applicant

‘Any person who knowingly or recklessly makes any false statement in or connection with an application for a licence…shall be liable on summary conviction to a fine or imprisonment or both’.

**Children and Young Persons Act 1963 Part 11 Section 40**.

1. I hereby declare that the above information is true, to the best of my knowledge. I understand that the authority will need to make further enquiries regarding any possible convictions I may have. I understand that the authority will make enquiries of partner agencies regarding my suitability to carry out the duties and responsibilities of a chaperone.
2. I also declare that I have read and understood the guidance document on the duties and responsibilities of chaperones. I am fit and able to undertake all the duties detailed within the guidance document. I am not disqualified from work with children or subject to sanctions imposed by a regulatory or professional body eg Ofsted.
3. I also declare that I will notify Luton Council of 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.
4. I also declare that I will have completed Safeguarding Children Board level 1 e-learning course for Safeguarding and Protecting Children or equivalent prior to the processing of my application.

**Signed:** ……………………………………

**Date:** ……………………………………

Please send this form together with two passport sized photographs, proof of any first aid/child protection training to:

Education Welfare Service

The Leagrave Centre

Strangers Way

Luton

LU4 9ND