

RENEWAL 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 electronically, or by writing in BLOCK CAPITALS

1. Personal Information

Name of group(s) associated with (e.g. Theatre/Drama/Operatic Group, Dance School etc.):

Title (please tick): **Mr** **Mrs** **Miss** **Ms** **Other** (please state) _____

Surname: _____ First Names: _____

Date of birth: _____ Place of Birth: _____

Current home address: _____

_____ Post code: _____

How long have you lived at this address? _____

If less than 5 years, please list previous address(es) to cover the last 5 years:

Home Tel (inc. area code): _____ Mobile Tel: _____

Email address: _____

National Insurance Number: _____

Current Employer Name: _____

Company Address: _____

Post Code: _____ Type of work: _____

2. Additional Information

Have you ever been approved as a Chaperone/Matron? (please tick) **Yes** **No**

If **“Yes”** please state dates and by which Local Authority: _____

Have you ever been a registered child minder or Foster Carer? (please tick) **Yes** **No**

If **“Yes”** please state dates and by which Local Authority: _____

Have you received First Aid training? (please tick) **Yes** **No**

If **“Yes”** attach a copy of certificate or state details of training provider & completion date for verification purposes: _____

Have you undertaken Child Protection training in the last 6 months? (please tick) **Yes** **No**

If **“Yes”** attach a copy of certificate or state details of training provider & completion date for verification purposes: _____

If approved, will you be acting as a Chaperone in an unpaid volunteer or paid professional capacity?
(please tick) **Unpaid Volunteer** **Paid Professional**

3. Convictions

The Authority is entitled, under arrangements introduced for the protection of children, to check with the Disclosure & Barring Service for the existence and content of any criminal record. Therefore, you will be required to complete a disclosure form to enable an Enhanced check to be undertaken.

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? (please tick) **Yes** **No** If **“Yes”** please specify the date of conviction, court, nature of offence and sentence imposed:

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 give details:

4. Applicant Declaration

Enfield Council is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

To be read and signed by the applicant:

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 e.g. Ofsted.
3. I also declare that I will notify Enfield 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 volunteer that a copy of my disclosure certificate can be retained on file.

Signature _____ Print name _____ Date _____

Please return your completed application, along with a new passport style picture and any supporting documentation by email to: ews@enfield.gov.uk

Applicants should be aware that Enfield EWS cannot guarantee turnaround times for Chaperone licences owing to timeframes for several stages of the application process being out of our control, e.g. time taken for DBS clearance to be returned.