

Application for Matron / Chaperon Approval

**Children And Young Persons Act, 1963
Children (Performances) Regulations, 1968**

“The Licensing Authority shall not approve a matron (Chaperone) unless they are satisfied that she [he] is suitable and competent..”

(Regulation 12(2), Children (Performances) Regulations 1968)

“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)

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. An incomplete application form may result in the return to the applicant thus prolonging issue date of licence.

SURNAME		MR/MRS/MISS/MS/DR <i>circle/delete</i>
FIRST NAMES		
DATE OF BIRTH		
ADDRESS		
POSTCODE		
PHONE		MOBILE
EMAIL		WORK
HOW LONG AT THIS ADDRESS		

PRESENT / LAST EMPLOYER
TYPE OF WORK
ADDRESS

POSTCODE	
LENGTH OF EMPLOYMENT	
START DATE	FINISH DATE
CONTACT PERSON	STATUS
TELEPHONE NUMBER	

Have you ever been approved as a Matron/Chaperon before?
Are you a Registered Child Minder or Foster Carer?
If yes to either of these, please give the name and address of approving Authority
Do you have a current first aid qualification?
Date of issue and awarding body
Do you have a valid Driving Licence?
Would your car insurance allow you to carry passengers whilst you are employed as a Matron/Chaperon?
Do you have any health and or physical condition that might have a bearing on your ability to act as a chaperone/matron?
If Yes, please give details

Reason for application for Chaperone/Matron Licence
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Please give details of two responsible persons who would be prepared to give you references as to your suitability to be a Matron/Chaperone. A relative will not be deemed appropriate
1. Full Name

Address

Post code

Telephone Number

Capacity in which the person is known to you

2. Full Name

Address

Post code

Telephone Number

Capacity in which the person is known to you

NB. Referees may be contacted for further information.

Please give details of any relevant work experience (e.g teaching, social work, youth work, child minding, nanny, play groups, nursery nurse, entertainment, sporting activities with young persons, advertising industry, or if you have acted in a voluntary capacity, such as with cubs/brownies etc. Please add anything else that you would wish to add in support of this application. You may continue on another sheet if insufficient room here.

Due to the nature of the work we need to know if you have ever been convicted of a criminal offence, including any traffic offences. Please tick the appropriate box below 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 in which capacity? (Please note that this will be checked before your application is approved)

Your name will appear on a list of the LEA's approved Matrons/Chaperons, unless you indicate otherwise; do you agree to your name being placed on the list? YES / NO

If your application is approved, are you happy for your details to be given to agencies seeking to employ chaperones? 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 WOULD BE LIABLE TO PROSECUTION IF I HAVE WILLFULLY STATED ANYTHING I KNEW TO BE FALSE OR DID NOT BELIEVE TO BE TRUE

SIGNED	DATED
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This form should be returned, together with two passport sized portrait photographs, to:- Diane Dean, Education Welfare Service, Children Services and Lifelong Learning, Civic Centre, Lampton Road, Hounslow, Middlesex. TW3 4DN. Telephone: 020 8583 2753