



The Children (Performances) Regulations 1968
Regulation 12

**Form of application for approval as
Matron/Chaperone**

**PLEASE ATTACH
TWO PASSPORT
SIZED
PHOTOGRAPHS**

Licence No: _____

Note: This form should be completed and returned to:
Education Welfare, Civic Centre, Lampton Road, Hounslow, Middlesex. TW3 4DN
Telephone: 020 8583 2769/2771

SURNAME

FIRST NAME

TITLE.....

HOME TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

HOME ADDRESS.....

.....

.....POST CODE.....

DATE OF BIRTH.....

NATIONAL INSURANCE NUMBER

ARE YOU REGISTERED DISABLED? YES NO

ETHNIC ORIGIN.....

NAMES OF LOCAL EDUCATION AUTHORITIES TO WHICH PREVIOUS
APPLICATIONS HAVE BEEN MADE, WITH DETAILS OF SUCH APPLICATIONS.
PLEASE STATE IF GRANTED OR NOT.....

.....

ARE YOU A QUALIFIED TEACHER OR NURSE?

GIVE DATES & REGISTERED NUMBER.....

ANY OTHER RELEVANT QUALIFICATIONS FOR EMPLOYMENT AS MATRON?

.....

DO YOU OWN OR ARE YOU EMPLOYED AT A DANCING OR DRAMATIC SCHOOL? IF SO, GIVE NAME & ADDRESS OF SCHOOL & YOUR STATUS

.....

.....

HAVE YOU STUDIED THE LIST OF "DUTIES OF MATRON" WHICH HAS BEEN GIVEN TO YOU, AND DO YOU AGREE TO FULFIL THESE DUTIES?.....

.....

FOR WHAT PERIOD DO YOU REQUIRE APPROVAL? (GIVE DATES).....

.....

GIVE NAMES, ADDRESSES & TITLES (OR QUALIFICATIONS) OF TWO RESPONSIBLE REFEREES (NOT RELATIVES). THE FIRST SHOULD BE YOUR PRESENT OR LAST EMPLOYER.

1.....

.....

2.....

.....

I HEREBY CERTIFY THAT THE ABOVE PARTICULARS ARE CORRECT.

SIGNATURE..... DATE.....

For Office Use	Date	Initials
Sent Out		
Received		
References Requested		
References Received		
Interview		
Outcome		