



## **Application for Chaperone Approval**

**Children and Young Persons Act, 1963  
The Children (Performances and Activities) (England) Regulations,  
2014**

*“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.**

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

<b>PRESENT / LAST EMPLOYER</b>
<b>TYPE OF WORK</b>
<b>ADDRESS</b>
<b>POSTCODE</b>
<b>LENGTH OF EMPLOYMENT</b>

<b>START DATE</b>	<b>FINISH DATE</b>
<b>CONTACT PERSON</b>	<b>STATUS</b>
<b>TELEPHONE NUMBER</b>	

<b>Type of licence you are applying for (please circle/delete as applicable):</b>
<b>Professional Chaperone (you are receiving payment) or Volunteer Chaperone</b>
<b>Have you ever applied to become a chaperone with another Local Authority?</b>
<b>Have you ever been refused registration as a chaperone by another Local Authority? If so, please advise details:</b>
<b>Are you a Registered Child Minder or Foster Carer?</b>
<b>If yes to either of these, please give the name and address of approving Authority</b>
<b>Do you have a current first aid qualification?</b>
<b>Date of issue and awarding body</b>
<b>Do you have a valid Driving Licence?</b>
<b>Do you have business cover on your car insurance policy?</b>
<b>Do you have any health and or physical condition that might have a bearing on your ability to act as a chaperone?</b>
<b>If Yes, please give details</b>

<b>Reason for application for chaperone licence</b>
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**Please give details of two responsible persons who you have known for a minimum of one year and would be prepared to give you references as to your suitability to be a chaperone. A relative will not be deemed appropriate nor someone known through the organisation which you wish to become a chaperone.**

**1. Full Name**

**Address**

**Post code**

**Telephone number**

**Email address**

**Capacity in which the person is known to you**

**2. Full Name**

**Address**

**Post code**

**Telephone number**

**Email address**

**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**

<b>I have not been convicted of any offences</b>			
<b>I have been convicted of the offences shown below:</b>			
<b>Date</b>	<b>Court</b>	<b>Offence</b>	<b>Result</b>
<b>Have you ever been known to Social Care? (enquiries may be made before your application is approved) YES / NO</b>			

<b>Your name will appear on a list of the LA’s approved chaperones, unless you indicate otherwise; do you agree to your name being placed on the list? YES / NO</b>
<b>If your application is approved, are you happy for your details to be given to agencies seeking to employ chaperones? YES / NO</b>

<b>DECLARATION TO BE SIGNED BY THE APPLICANT</b>	
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 wilfully stated anything I knew to be false or did not believe to be true. If I change address to a different local authority I must inform both the previous local authority and the new one, as the chaperone licence may no longer be valid.	
<b>DECLARATION TO DISCLOSE INFORMATION</b>	
I hereby give permission for my name and contact telephone number only to given to productions seeking licensed chaperones. I also give permission for my name to be disclosed to other local authorities, schools, production companies and parents when a copy of the child’s performance licence is issued.	
<b>SIGNED</b>	<b>DATED</b>

**This form should be returned to:**

**Child Entertainment and Employment, Safeguarding and Governance, Hounslow House,  
7 Bath Road, Hounslow, Middlesex. TW3 3EB**

**Telephone: 07890419030**

**Email: [CEE@hounslow.gov.uk](mailto:CEE@hounslow.gov.uk)**