# 

# VOLUNTEER CHAPERONE LICENCE APPLICATION

# \*NEW / RENEWAL

**\*(*delete as appropriate)***

*Children and Young Persons Act, 1963**Children (Performance) Regulations, 1968*

**New Applicants – Please read Duties of Licensed Chaperone before Applying for a Chaperone Licence**

“The Licensing Authority shall not approve a chaperone unless they are satisfied that she/he is suitable and competent.” (Regulation12(2), Children(Performance)Regulations1968).

**Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Names:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Known as:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mr/Mrs/Miss/Ms/Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full name at Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity: \_\_\_\_\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postcode**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long at that address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If less than 5 years please supply previous addresses).

**1. 2. 3.**

***I give my permission for the Local Authority to make necessary checks with Social Care Services to ascertain my suitability to be licensed as a Chaperone:***

**Please Tick**

**OFFICIAL USE ONLY: SOCIAL CARE CHECK**

**To:** Team Manager at Social Care Services, Suffolk County Council.

The above named has applied to become a licensed Chaperone, working with children and young people in the field of entertainment and approved sporting activities.

Nothing Known Known

Nothing Detrimental Known Do not advise accepting this applicant

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Present Employer: |  | |
| Address:  Postcode: |  | |
|  | |
| Type of Work: |  | |
| Have you ever previously been approved as a Licensed Chaperone?  If YES: Please provide:  Licence Number & Expiry Date |  | |
| Do you have a current First Aid qualification? | **YES**  **Date issued:** | **NO** |
| Have you had Safeguarding Training / Certificate? | **YES**  **Date issued:** | **NO** |
| Do you have a valid driving licence? (Full or Provisional) | **YES / NO** | |
| Do you have any health condition that might have a bearing on your application? If so, provide details. |  | |

**Child Workforce Enhanced Disclosure Certificate Information:**

|  |  |  |
| --- | --- | --- |
| Have you provided a copy of the Child Workforce Enhanced Disclosure Certificate Subscribed to the DBS Update Service? | **YES** | If **NO**: you will need to obtain this certificate in order for us to process your chaperone licence |
| **I give my permission for the Local Authority to make necessary checks with the Disclosures and Barring Service:**  **Please Tick** | | |
| **Certificate Number:**  **Date Issued:** |  | |

|  |  |
| --- | --- |
| **Name of Dance / Theatre Group linked with this Application** |  |
| **Do you wish for your name to appear on a “List of the Local Authority Approved Chaperones”?**  **NB. We do not pass your details to any other Agency / Producer/ Dance / Theatre Groups.**  ***We will email you directly should any Agency/Producer/Dance/Theatre Groups make a request to the Child Employment Team.*** | **Please indicate: YES / NO** |

**GROUP DECLARATION:**

|  |  |
| --- | --- |
| TO BE COMPLETED AND SIGNED BY PERSON(S) RESPONSIBLE FOR SAFEGUARDING CHILDREN / COMMITTEE MEMBER FOR THE GROUP/SOCIETY **\*\*Not to be signed by Applicant if Owner/Principal of Dance/Theatre Group – a Personal Reference Name/ Email address will be required**    **I hereby declare that the applicant:**  **a) is suitable and competent to exercise proper care and control of a child/children of the age and sex within their control within the permitted ratio (1:12)**  **b) will not be prevented from carrying out duties towards the child/children in their care by duties/responsibilities towards other children at the place of performance.**  **Group Declaration: Personal Reference:** | |
| **Position held within group/society:**  **\*\*Signature**:    **PRINT NAME:**  **Dated:** | **Owner/Principal of Dance/Theatre Group will need to supply:**  **Name/ Email address for a Personal Reference**    **Name:**  **Email Address:**  **How is this person known to you?** |

**Do you have any criminal convictions and/or cautions, pending or otherwise, excluding those spent under the *Rehabilitation of Offenders Act 1974*?**

Yes No Please Tick

If **Yes**, please provide further details below:

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Court / police station | Offence | Result (for convictions) |
|  |  |  |  |

|  |  |
| --- | --- |
| 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 wilfully stated in my application anything which I knew to be false or did not believe to be true.**  **New Applicants: I understand a Face-to-Face Interview is required in order to obtain a Chaperone Licence and confirm that I will be able to attend the Interview which will take place at a Local Council Office during office hours in the working week.** | |
| **Signed:**  This is not an online application - a signature is required | **Dated:** |
| **This form should be completed scanned and emailed to** [**childemployment@suffolk.gov.uk**](mailto:childemployment@suffolk.gov.uk) **with the following documents:**   * **1 x passport sized portrait photograph with a plain background** * **Scanned / Image of your Enhanced Disclosure Certificate for the Child Workforce**     **For further information visit our Website:** [**www.suffolk.gov.uk/childemployment**](http://www.suffolk.gov.uk/childemployment) | |