# 

# CHAPERONE LICENCE APPLICATION

# *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).

**Mr/Mrs/Miss/Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Known as:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 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

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| --- | --- | --- |
| Present Employer: |  | |
| Address:  Postcode: |  | |
|  | |
| Type of Work: |  | |
|  |  | |
| Do you have a valid driving licence? (Full or Provisional) | **YES / NO** | |
| Do you have a current First Aid qualification? | **YES**  **Date issued:** | **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 / Band / 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** | |

**Please indicate below the type of Chaperone Licence required:**

Unpaid Chaperone Work: **Volunteer Chaperone Licence**

Paid Chaperone Work: \***Professional Chaperone Licence**

\*The NSPCC Online Chaperone Training must be completed by

applicant and a copy of the Certificate provided at time of application.

\*The Subscribed Child Workforce Enhanced Disclosure Certificate supplied

must have ‘DBS Paid Fee’ indicated on certificate.

**Criminal Convictions:**

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| 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? YES / NO** (delete as appropriate) |

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

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

**GROUP DECLARATION:**

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| TO BE COMPLETED AND SIGNED BY Designated Safeguarding Lead / Owner / Principal / Member of Group/ Society who has completed the NSPCC Online Chaperone Training   **I hereby declare that the applicant:**   * **Has completed the NSPCC In House Training provided by the Group.** * **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)** * **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.** |
| **Position held within group/society:**  **\*\*Signature**:    **PRINT NAME:**  **Dated:**  **Email Address:** |

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| **Chaperone Training Declaration by Applicant:** I have completed the (\*complete section applicable) |
| **\*Group ‘In House’ Chaperone Training Completed**  **Date:**  **Name of Person Providing NSPCC In-House Chaperone Training:**  **Position within Group:**  (Designated Safeguarding Lead / Principal / Owner) |
| **\*NSPCC Online Chaperone Training completed:**  **Date:**  **\*Copy of Certificate issued by NSPCC must be attached with application.**   |  |  | | --- | --- | | 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.**  **I understand the duties and responsibilities placed upon me as a chaperone and agree to accept these.** | | | **Signed:**  This is not an online application - a signature is required | **Dated:** | | **This form should be completed scanned and emailed as attachment to** [childemployment@suffolk.gov.uk](mailto:childemployment@suffolk.gov.uk) **with the following documents:**   * **1 x passport sized photograph - portrait style with a plain background** (ideally jpeg format) * **Fully Scanned / Image** (including Address Details) **of your Subscribed Enhanced Disclosure Certificate for the Child Workforce** * **Professional Chaperone Applications: \*Required to supply a copy of the NSPCC Chaperone Training Certificate and a Copy of the Fee Paid Child Workforce Enhanced Disclosure Certificate Subscribed to the DBS Update Service.**     **For further information visit our Website:** [**www.suffolk.gov.uk/childemployment**](http://www.suffolk.gov.uk/childemployment) | | |