**APPLICATION FOR CHAPERONE LICENCE**

Children and Young Persons Act 1663, The Children (Performances & Activities) (Wales) Regulations 2015

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| **Personal Details** |  |
| Surname |  |
| Forenames |  |
| Address |  |
| Contact details | Home: Work: Mobile: E-mail: |
| Date of Birth |  |
| Occupation |  |

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| **Experience and Qualifications** |
| Have you previously applied for Chaperone approval if YES, please provide the name of the Local Authority applications were made to? |
| Do you have any relevant qualifications applicable to working with children? For example, teacher, teachers assistant, youth worker etc? |
| Please state your experience in the care, control and supervision of children: |
| Do you have a First Aid Qualification?Yes / No |
| Do you have a Full UK Driving Licence?Yes / No **NB: if you do use your own vehicle to transport children you must ensure that you have appropriate business use insurance and that you comply with all relevant legislation.** |

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| **Health Information** |
| Do you have any health and/or physical conditions that might restrict your ability to act as a Chaperone? If yes please give details.Yes / No |

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| **Disclosure and Baring Service checks** |
| **Due to the nature of the work you are seeking approval for, we need to know if you have ever been convicted of a criminal offence, including traffic offences. Please complete the following as appropriate and give details as required.**I have not been convicted of any offencesI have been convicted of the offences outlined below |
| Date | Court | Offence | Outcome |

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| **References** |
| Please provide two references (not family members) who have known you for more than 2 years and are prepared to answer an enquiry as to your suitability to carry out the duties of a Chaperone. One of these should be a recent employer. |
| Name:Address:Postcode:Telephone Number:E-mail:Context in which known: | Name:Address:Postcode:Telephone Number:E-mail:Context in which known: |

Do you intend to work professionally as a Chaperone receiving payment other than expenses? Yes/No

**Declerations**

I apply to the Ceredigion County Council for approval as a Chaperone for Children in entertainment under the Act and Regulations. I consent to reference checks and acknowledge that this application **will not** be approved without a statement of disclosure from the criminal Records Bureau. I hereby declare that the above information is true, to the best of my knowledge. I understand that I will be liable to prosecution if I willfully state anything I know to be false or do not believe to be true.

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| Signed: | Print name: |
| Date: |  |

Completed forms should be returned to:

Education Inclusion Service, Ceredigion County Council, Canolfan Rheidol, Rhodfa’r Padarn. Llanbadarn Fawr, Aberystwyth, Ceredigion, SY23 3HF

**Internal use only**

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|  | Yes /No | Date received & any comments |
| Child Protection Training Certificate |  |  |
| Enhanced DBS current  |  |  |
| Identification seen (please state) |  |  |
| References received  |  |  |
| Interview  |  |  |