**DIRECTORATE FOR CHILDREN & YOUNG PEOPLE**

**THE CHILDREN (PERFORMANCES & ACTIVITIES) (ENGLAND) REGULATIONS 2014**

**APPLICATION FOR APPROVAL AS A CHAPERONE**

"The licensing authority must not approve a person as a chaperone unless it is satisfied that the person is suitable and competent….”

Regulation 15(4), The Children (Performances and Activities) (England) Regulations 2014)

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** (excluding email addresses)

**Name of group(s) associated with:** (eg Theatre Group, Drama Group, Operatic Group, Dance School)

…………………………………………………………………………………………………………...

**Surname** (block letters)……………………………………. **Mr/Mrs/Miss/Ms/Other \***.....……...

**First Names** (block letters) .......................................................................................................

**Date and place of birth** ……………………………………………………………………………...

**Address** (including postcode) …………………………………………………………………..…...

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**Telephone number** (including std code)…………………………………………………………...

**Mobile number** ………………………………………………………………………………………..

**Email address** ………………………………………………………………………………………...

**How long have you lived at this address** ………………………………………………………..

**If less than 5 years please list previous address(es)** ………………………………………….

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**National insurance number** ………………………………………………………………………..

**Present employer** .……………………………………………………………………………….......

**Address** ………………………………………………………………………………………………..

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**Type of work** ……………………………………………………………………………………….....

**Professional qualifications** ……………………………………………………………………..….

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**Additional Information**

(a) Have you ever been approved as a Chaperone/Matron? ……………………………………..

If so, when and by which Authority? ………………………………………………………………...

(b) Are/were you a registered child minder or foster carer?.......................................................

If so, when and with which Authority? ………………………………………………………….…...

(c) Have you received first aid training? ………………………………………………………..…...

If so, provide copy of certificate or details of training provider and dates for verification purposes.

(d) Have you undertaken Child Protection training in the last three years? ……….………...….

If so, provide a copy of certificate or details of provider and dates, for verification purposes.

(e) If approved will you be acting as a Chaperone in a volunteer or professional capacity?

…………….……………………………………………………………………………………...…..….

The Authority is entitled, under arrangements introduced for the protection of children, to check with the Criminal Records Bureau for the existence and content of any criminal record. Therefore, you will be required to complete a disclosure form to enable an Enhanced check to be undertaken. 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 specify the date of conviction, Court, nature of offence and sentence imposed.

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You are also required to declare any cautions, bind-overs or prosecutions you may have, even if they would otherwise be regarded as “spent” under the above Act. Please enter details:

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Please give the name, address, email address, telephone number and relationship to you of two responsible persons who would be prepared to provide a reference as to your suitability to be a chaperone. References should be from separate sources and not from the same organisation or employer e.g. current or most recent employer, a person who has knowledge of and can comment on your work with children, someone who knows you in a professional capacity. References cannot be accepted from a spouse, partner or family relation, someone with whom you live or an associate connected to the organisation you wish to chaperone with.

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2…………………………………………………………………………………………………….…...

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Give below details of any relevant experience of working with children in either a voluntary or professional capacity:

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**Northumberland County Council is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.**

If approved, do you agree to your details being put on a list of Local Authority approved Chaperones that may be given to amateur groups and dance schools? **YES/NO**

**DECLARATION TO BE SIGNED BY THE APPLICANT**

**1. I hereby declare that the above information is true, to the best of my knowledge. I understand that the Authority will need to make further enquiries regarding any possible convictions I may have. I understand that the Authority will make enquiries of partner agencies regarding my suitability to carry out the duties and responsibilities of a Chaperone.**

**2. I also declare that I have read and understood the guidance document on the duties and responsibilities of Chaperones. I am fit and able to undertake all the duties detailed within the guidance document. I am not disqualified from work with children or subject to sanctions imposed by a regulatory or professional body eg Ofsted.**

**3. I also declare that I will notify Northumberland County Council of any change of name or address or any change in circumstances that may affect my ability to effectively carry out the duties and responsibilities of a Chaperone.**

**Signed:** ………………………………………………………………………………………………....

**Date:** …………………………………………………………………………………………………....

**You will also be required to hold a valid DBS certificate. Please submit details of your current DBS:**

**Date DBS certificate was issued & number …..……..…………………………..………………………...**

**DBS certificate processed by ………………………………………………………………………………...**

**If applicable, instructions to apply for a DBS certificate online on request - 01670 622800/624178 or email** [**educationwelfare@northumberland.gov.uk**](mailto:educationwelfare@northumberland.gov.uk)

**This form should be returned by post together with 1 passport style photograph with printed name and signature on the reverse to:**

**Education Welfare Team**

**Brunel Building**

**64 Regent Street**

**Blyth**

**NE24 1LT**

**Or, alternatively, submit electronically (including passport style photograph) to** [**educationwelfare@northumberland.gov.uk**](mailto:educationwelfare@northumberland.gov.uk)

**Please bring the required identification and address documentation, proof of any first aid/child protection training and application fee (£5) when you attend the office for ID evidence check and interview.**