

CHAPERONE LICENCE APPLICATION FORM

CHILDREN AND YOUNG PERSONS ACT 1933/1963 CHILDREN (PROTECTION AT WORK) REGULATIONS 1998 CHILDREN (PERFORMANCES) (MISCELLANEOUS AMENDMENTS) REGULATIONS 1998

THE CHILDREN (PERFORMANCE AND ACTIVITIES) (ENGLAND) REGULATIONS 2014 *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)(a) The Children (Performance and Activities) (England) Regulations 2014) All information given in this application form will be treated in confidence. Please complete this form in ink and block capitals. Mr/Mrs/Miss/Ms Surname **First Name Previous Surname Date of Birth** (if applicable) Address **Postcode** Previous address (if you have lived at your current address for less than 5 years) **Telephone Number** Mobile Number **Email** Name and address of current employer Start date Position held Name of production for which you require this Licence **Name of Production Production** Company / Amateur date **Dramatic Group** Please tick to indicate in what capacity you are applying to become a Chaperone: ☐ I am working as a chaperone on a voluntary basis basis and will be receiving payment for the work I undertake and will NOT receive any form of payment in this capacity. I agree that any DBS check will be paid for either by myself or the company that I am to be employed by

PROFESSIONAL QUALIFICATIONS			YES/NO	FURTHER DETAILS			
Have you previously been approved as a Chaperone? for which Local Authority?							
Are you a reg Yorkshire Co	carer for North						
Have you even	er received first aid training?	Please give					
Are you a qualified teacher or nurse?							
Do you have	a valid UK driving licence?						
Does your car insurance allow you to carry passengers whilst employed as a chaperone?							
Please give details of any other relevant work experience (for example, teaching, social work, youth work, play groups) or if you have acted in a voluntary capacity such as Cubs/Brownies. Please also add anything else that you feel would be relevant to this application. You may continue on another sheet if needed. Due to the nature of the work you will be carrying out, we need to know if you have ever been convicted of a criminal offence							
(including traffic offences), or if you have had an allegation made against you, or been the subject of a child protection conference. Please tick the appropriate boxes below, and give details as needed.							
I have not been convicted of any offences			I have not had an allegation made against me or been the subject of a child protection case conference				
I have been convicted of the offences shown bellow			I have had an allegation made against me/been the subject of a child protections case conference				
DATE	COURT	OFFENCE		RESULT			

Please give the details of two responsible persons, who would be prepared to comment as to your suitability by character and temperament to carry out the duties of Chaperone. One of these MUST know you in a professional capacity for example, current/previous employer. A family member CANNOT act as a referee. Please provide an email address for each referee, as where possible, we will request the references by email.

1.	Name					
	Email Address:					
	Address:					
	Postcode:					
	Tel:					
	Relationship:					
2.	Name					
	Email Address:					
	Address:					
	Postcode:					
	Tel:					
	Relationship:					
DECLARATION TO BE SIGNED BY APPLICANT						
I he	reby declare that the infor	rmation contained in this applicati	on is true, to the best of my knowledge.			
Signed:			Date:			
The information detailed in this application form will be used in order to fulfil our statutory obligations under the Acts detailed at the start of the application. Your information may be disclosed to agencies wishing to use your services as a chaperone. Please tick this box if you DO wish your details to be disclosed to other groups or organisations for chaperone work						
CHECKLIST Please tick to confirm that you have completed the tasks below:						
 I confirm that I have applied online for an Enhanced DBS check (previously known as CRB Disclosure) and have taken my proof of identification documents to be verified by a member of North Yorkshire Council. Please note: DBS Clearance will need to be renewed every 5 years for Chaperone purposes. For pre-existing Enhanced DBS clearance certificates, only certificates issued within the last 5 years, showing North Yorkshire County Council / North Yorkshire Council as the Registered Body and including a check to the 'Children's Barred List' can be accepted. 						
- I confirm that I have completed the online NYSCB Safeguarding Children course (certificate enclosed) N.B. if your pre-existing course certificate is over 3 years old the course must be re-taken.						
- I have read the following documents: The Children (Performance and Activities) (England) Regulations 2014 (with specific reference to Part 3(15 & 29). The table of New Regulations (NNCEE) and Examples of Best Practice Child Performance.						
This form should be returned together with a photograph (head & shoulders) and a copy of your Safeguarding Children course certificate to:						
Email: <u>safeguardingunit@northyorks.gov.uk</u> Tel: 01609 533080 The Safeguarding Unit, Room SB216, South Block, County Hall, Northallerton, DL7 8AE						