

London Borough of Barking and Dagenham

**Education Statutory Services Team**

**Children in Entertainment**

**Application to act as a Chaperone.**

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| The Licensing Authority shall not approve a chaperone unless they are satisfied that s/he is suitable and competent. The Children & Young Persons Act 1963The Children (Performances and Activities) (England) Regulations 2014  |

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| **Important:*** Please complete this form in type or block capitals.
* Applications can take time to process, so please submit in good time.
* 3 passport size photos are required.
* A chaperone licence is valid for 3 years.
* Because chaperones work directly with children, we are required to know if you have been convicted of any criminal offence. You are therefore required to submit an up-to-date DBS.
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| **Personal details of applicant** |
| Title: Mr/Mrs/Ms/Miss etc. |
| First Name: |
| Last name: |
| Previous name/s (if applicable) |
| Date of Birth:  | Place of birth:  |
| Address: |
| Telephone number/s: |
| Email Address: |
| Name of current/most recent employer | Position held | Date started |

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| *This section need not be completed for renewals:*Reasons for applying to become a chaperone: |
| *This section need not be completed for renewals:*Any relevant work experience e.g. teaching, social work, youth work, play groups; or if you have acted in a voluntary capacity, such as with Brownies/Cubs/Scouts: |
| By what date do you need the chaperone licence:  |

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| Do you have a current Safeguarding Children certificate: Yes / No.If no, you will be required to undertake an online Safeguarding children learning module. |
| Professional Qualifications: |
| Have you previously held a chaperone licence: Yes / No.Are you a registered child minder or foster carer: Yes / No.If you have answered yes to either of these questions, please provide the name of the approving Local Authority and a contact name if you have one. |
| Do you have a current first aid qualification: Yes / No.  |

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| *This section need not be completed for renewals:*Please give the following details of two responsible persons, **not related to you**, who would be prepared to give references as to your suitability to be a Chaperone. At least one of these should know you in a professional capacity; please state in what capacity the person is known to you: |
| **Reference 1:** |
| Full Name: |
| Address: |
| Telephone Number: |
| Email Address: |
| How is this person known to you:  |
| **Reference 2:** |
| Full Name: |
| Address: |
| Telephone Number: |
| Email Address: |
| How is this person known to you:  |

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| DECLARATION TO BE SIGNED BY APPLICANTI hereby declare that the above information is true, to the best of my knowledge. I understand I would be liable to prosecution if I wilfully stated in it anything which I knew to be false or did not believe to be true.Signed: Date: |

Please send your completed form, together with your DBS and **a passport sized photograph** to:

Education Statutory Services Team

Phone: 020 8227 2151 Email: accessattendance@lbbd.gov.uk

If you are unable to send the form by email, please phone the office.