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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 1963  The 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 APPLICANT  I 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](mailto:accessattendance@lbbd.gov.uk)

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