Warwickshire County Council The Children (Performances and Activities) (England) Regulations 2014

CHAPERONE RENEWAL FORM

CHILDREN IN ENTERTAINMENT

Please complete for	orm in CAPITA	<u>LS</u>		
(Mr / Mrs / Ms / Miss	s) SURNAME:		FORENA	AME:
Middle Name(s):			• • • • • • • • • • • • • • • • • • • •	
Name of your Thea	tre / Dance sch	ool / Organisatio	n:	
Date of Birth:				
Current Address:				
			Po:	stcode:
Daytime Telephone/	Mobile number:			
Email address:				
Previous surname(s) (if applicable) .			
Previous address/es	if living at the a	bove address for I	ess than 5 yea	irs:
Do you have any chil				
If yes, and your child	en are under 18	years old, please	confirm:	
First Name S	urname	Date of Birth		School name

Do you have a health condition that might have a bearing on your application? Yes/No If yes, give details:

Cur	rent Employer
Nan	ne and address of your current or most recent employer:
	Destands
	Postcode
Nati	ure of work:
Cha	perone Renewal Questions:
us t con	s form is not a 'pass or a fail'; it is merely an indication of your suitability to act as a chaperone, and for o establish if further training is required. Please ensure all questions are completed thoroughly, and tinue on a separate sheet if you need to. You have now been a chaperone with Warwickshire County uncil for at least 3 years.
1.	During your previous chaperoning experiences, do you feel you need further information/training from us? Yes / No If Yes , please detail below.
2.	During your previous chaperoning experiences, have you had to deal with any challenging situations and if so how did you deal with these? Yes / No If Yes , please detail below.
3.	Have you had to deal with an ill child whilst chaperoning? Yes / No
	If Yes , how did you deal with this?
4.	If you had a child protection/safeguarding concern would you know how to deal with this and what the procedure is? Yes / No
	If Yes , who would you report it to? Please state name of person in your group:
	If No , you should contact your organisation to find out what the procedure is. If you are unsure who to ask, it would be the head chaperone or the director/owner/manager of the group.

childr	•	Delicve a che	aperone should have, to r	make them suitable to loc		
•	ou have any suggestio s, please detail below:		an improve our chaperone	e approval process? Ye	es / No	
(including case confe	raffic offences) or had	l an allegatior	ow if you have ever been on made against you, or be			
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 below:			me / been the subject	I have had an allegation made against me / been the subject of a child protection case conference, as noted below:		
Date(s)	Date(s) Court/Authority		Offence/Allegation Outcom			
,			J			
We also ne	eed to know if you hav	e ever receiv	ed a reprimand, final war	ning or a caution.		
Please complete the following if applicable:		N	lature of Offence	Date of Offence		
Reprimand						
Final Warn	ing					
Caution						

DECLARATION TO BE SIGNED BY APPLICANT

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 have wilfully stated anything which I know to be false, or do not believe to be true. I understand that any application will be subject to assessments and criminal record checks. Any misleading statement or deliberate omission may disqualify my application.

I am aware that the necessary enquiries and checks will be undertaken by Warwickshire County Council in order to confirm that the information included in this application form is correct, to verify the authenticity of my qualifications, and to check whether I have any relevant criminal record which might deem me unsuitable for the role of chaperone. I declare that I will notify Warwickshire 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.

Sign	nedDate				
lf I d	ecide to join the updates scheme for my DBS, I agree to my records being checked. Yes/N	lo			
ltem	ns to bring to WCC office:				
	Payment – cheque or PO made payable to Warwickshire County Council				
	Passport sized photo with name on reverse (or photo to be emailed to chaperones@warwickshire.gov.uk prior to making application)				
	Completed Chaperone Renewal Application form				
	2 x Safeguarding Training Certificates (online training)				
	3 forms of identification, as listed when submitting the DBS (<i>This must include a passport and driving licence (if you have these) plus one other form of ID</i>				
	I confirm: Online completion of my DBS				

This form and above documents to be bought in person (appointment to be made) to:

Jayne Bazeley / Brenda Finn (Child Employment and Children in Entertainment)

I confirm: Online completion of 2 x Safeguarding Training Courses

I confirm I am a paid / volunteer chaperone (please delete accordingly)

Communities Group

Education and Learning

Warwickshire County Council

Saltisford Office Park, Building 3

Ansell Way, Warwick CV34 4UL

Email: chaperones@warwickshire.gov.uk / Tel: (01926) 742522

PLEASE NOTE: IF YOU CHOOSE TO EMAIL US, YOU MAY BE EMAILING FROM AN ACCOUNT THAT IS NOT SECURE; WE CANNOT GUARANTEE IT CAN BE KEPT SECURE WHILST IT IS BEING SENT TO US.

If you do not receive your chaperone badge within 2 months of submitting this form to us, please contact us on the telephone number above to check progress

Your information rights To see how we use your personal data and what your information rights are, please read our overall customer privacy notice at www.warwickshire.gov.uk/privacy which includes the contact details if you have a complaint about your information rights. For general enquiries, contact Warwickshire County Council customer services on 01926 410410.