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

NEW CHAPERONE APPLICATION FORM

CHILDREN IN ENTERTAINMENT

Please complete form in CAPITALS	<u> </u>	
(Mr / Mrs / Ms / Miss) SURNAME:	FOR	ENAME:
Middle Name(s):		
Name of your Theatre / Dance school	I / Organisation:	
Date of Birth:		
Current Address:		
		Postcode:
Daytime Telephone/Mobile number:		
Email address:		
Previous surname(s) (if applicable)		
rievious sumame(s) (ii applicable)		
Previous address/es if living at the above	ve address for less than	5 years:
Do you have any children? Yes	s / No	
If yes, and your children are under	18 years old, please cor	firm:
First Name Surname	Date of Rirth	School Name

2.	Name and address of your current/most recent employer:		
	Postcode		
From:	To:		
Nature	e of work:		
3.	Please give details of any relevant experience you have working with children (including teaching, social work, youth work, childminding, nanny, playgroup, nursery nurse, Cubs or Brownies), and add anything else which may support this application (continue on separate sheet if necessary):		
4.	If approved, will you be acting as a chaperone in a volunteer or professional (paid) capacity?		
	Volunteer / Professional		
5.	Do you have a health condition that might have a bearing on your application? Yes/No		
	If yes, give details:		
Refere	ences		
suitab organi in wha	e provide details of two responsible persons who will be prepared to give you references as to your flity to be a chaperone. References should be from separate sources and not from the same sation or employer. At least one of these should know you in a professional capacity. Please state at capacity the person is known to you. You must have known them for at least two years and they not be from a spouse, partner or family relation or from someone with whom you live.		
Pleas	e fully complete the fields below; referees will be contacted by email -		
1st Re	eferee's NameTitle (Mr, Mrs, Miss, Ms)		
Teleph	one No Email		
Capaci	ty known to you		

2nd Referee	's Name		Title (Mr, Mrs	s, Miss, Ms)
Telephone No		Eı	mail	
Capacity know	n to you			
	ffic offences) or had			convicted of a criminal offence, en the subject of a child protection
Please tick th	e appropriate box a	nd provide i	relevant details:	
I have not be	en convicted of any o	ffences.	I have not had an alleg me or been the subject case conference.	
I have been convicted of the offences shown below:		es shown	I have had an allegation made against me / been the subject of a child protection case conference, as noted below:	
Date(s)	Court/Autho	rity	Offence/Allegation	Outcome
We also need	d to know if you hav	e ever rece	eived a reprimand, final warn	ning or a caution.
Please comp	olete the following		Nature of Offence	Date of Offence
Reprimand				
Final Warning	ı			
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 satisfactory references, 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 am aware that I will need to attend for an interview as part of this application. 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 duties and responsibilities of a chaperone.

I confirm I am a paid / volunteer chaperone (please dele	firm I am a paid / volunteer chaperone (please delete accordingly)				
Signed	Date				
If I decide to join the updates scheme for my DBS, I agre	e to my records being checked. Yes/No				

This form must be sent on email with all below, and confirmation that you have made the payment via BACS:

Payment – use the BACS information attached to this email		
Passport sized photo		
Completed Chaperone Application Form		
2 x Safeguarding Training Certificates (online training)		
3 forms of identification, as listed when submitting the DBS This must include a passport and driving licence (if you have these) plus one other form of ID.		
I confirm:	Online completion of my DBS	
I confirm:	Online completion of 2 x Safeguarding Training Courses	

Please contact our office to arrange for the ID check and interview, the ID check will need to be in person, email as below.

Child Employment and Children Entertainment, Warwickshire County Council, People Group, Education Services, Shire Hall, Market Square, Warwick CV34 4RL.

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

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

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