



**London Borough of Redbridge**

**CHILDREN IN ENTERTAINMENT**

**APPLICATION TO ACT AS CHAPERONE**

The Licensing Authority shall not approve a Chaperone unless it is satisfied that the person is suitable and competent to exercise proper care and control of a child of the age and sex of the child in question. Regulation 15(4)(a) The Children (Performances and Activities) (England) Regulations 2014.

Please complete this form in type or block capitals. All information given on this application form will be treated in confidence, other than information relating to criminal offences. Approval is issued for one year only.

Furthermore, please ensure that your passport photos are signed by one of your references.

PERSONAL DETAILS		
Surname		Title: Mr/Mrs/Ms/Miss/Dr
First Name		Date and Place of Birth
Previous names		
Address		Post Code
Telephone		Email
If you have lived at the above address for less than 5 years, please list all previous addresses during that period.		
Name of current/most recent employer	Position held	Date started

Reasons for applying to become a chaperone and any other 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. Please add anything else you consider relevant. You may continue on another sheet if necessary.

When do you wish the approval to begin?

Relevant Qualifications	
Have you ever before been approved as a chaperone?	
Are you a registered child minder or foster carer?	
If yes to either of these, please give the name and address of approving Authority.	
Do you have a current first aid qualification?	
Do you have a valid driving licence?	
Would/Does your car insurance allow you to carry passengers whilst you are employed as a chaperone?	
Are you registered disabled? Y/N (Reg No)	
Do you have any health condition that might have a bearing on your application? If so, give details. Please note any changes in medical condition should be notified to the local authority immediately. Failure to do so may invalidate your licence.	
Do you have any criminal convictions?	

Please give the name, address and telephone number of two responsible persons who would be prepared to give you references as to your suitability to be a chaperone. At least one of these should know you in a professional capacity; please state in which capacity your references are known to you.

1.

2.

Please state whether you are chaperoning on a voluntary or professional basis. Please note that if you do not declare accordingly, your licence will become invalid and may be revoked.

I am working on a voluntary basis

please tick appropriate box

I am working on a professional basis

If your status changes before renewal of the licence you must notify the Local Authority.

If you have a change of address during the period of your licence you must notify the Local Authority.

I have not been convicted of an offence during the past year

please tick appropriate box

I have been convicted of an offence during the past year

Please note: any convictions/criminal charge should be notified to the local authority immediately. Failure to do so may invalidate your licence

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 this form, together with 1 passport-sized photograph to:

Deborah Scotland, Child Employment & Licensing Officer  
Education Welfare Service  
Lynton House (12<sup>th</sup> Floor – Front)  
255-259 High Road  
Ilford  
Essex  
IG1 1NN