



APPLICATION FOR CHAPERONE APPROVAL

***The Children and Young Persons Acts 1963
The Children (Performance and Activities) (Wales) Regulations 2015***

'The Licensing Authority must not approve a person as a chaperone unless it is satisfied that the person has undertaken child protection training; is suitable and competent to exercise proper care and control of a child of the age and sex of the child in question; and will not be prevented from carrying out duties towards the child by duties towards other children.' (Regulation 14(4) The Children (Performance and Activities) (Wales) Regulations 2015)

'Any persons who knowingly or recklessly makes any false statement in or in connection with an application for a licence...shall be liable on summary conviction to a fine not exceeding £1000, or imprisonment for a term not exceeding three months or both' (Children and Young Persons Act, 1963, Part II, Section 40)

SURNAME:		MR/MRS/MISS/MS
FORENAMES:		
DATE OF BIRTH:	PLACE OF BIRTH:	
ADDRESS (including full post code):		
HOW LONG HAVE YOU LIVED IN THIS ADDRESS - IF LESS THAN FIVE YEARS, PLEASE LIST ALL PREVIOUS ADDRESSES DURING THAT TIME (USE ANOTHER SHEET IF NECESSARY)		
HOME TELEPHONE:	MOBILE NUMBER:	
E-MAIL ADDRESS (an electronic DBS application will be sent to you via your email address)		
PRESENT EMPLOYER:		
ADDRESS:		
TYPE OF WORK:		
Is the Chaperone position paid or voluntary?		PAID/VOLUNTARY
For applicants who wish to work as a paid Chaperone, it is the responsibility of the employer to process the DBS application.		

Have you ever been approved before as a chaperone? YES/NO If yes please give name and address of approving Authority:	
Please give details of any other relevant qualifications/work experience e.g. teaching, social work, youth work, child minding etc. or anything else you would wish to add in support of your application.	
Please give names and addresses of two referees. One referee should have known you in a professional capacity. A relative will not be deemed appropriate.	
Professional	Personal
If your application is approved, are you willing for your name and contact details to be made available to agencies seeking to employ chaperones? YES/NO	

DECLARATION TO BE SIGNED BY APPLICANT

Data Protection Act 1998

Carmarthenshire County Council will use the information contained within this form for the purpose of processing your application for the role of a Chaperone. The information will not be used for any other purpose without your consent, or where Carmarthenshire County Council is required to do so by law.

Declaration

I confirm that, to the best of my knowledge and belief, the information contained within this form is correct and complete. I hereby consent to the information contained within this form to be used by Carmarthenshire County Council for the purpose of processing my application for the role of a Chaperone.

Signed:

Date:

This form should be returned together with 2 passport sized photographs with your name written on the photograph to: **Children’s Services, Department for Education & Children, Building 2, St David’s Park, Jobs Well Road, Carmarthen, Carmarthenshire SA31 3HB**

Signed:

Date: