**CHAPERONE APPLICATION FORM**

**Children and Young Persons Act 1963**

**Children (Performances) Regulations 1968**

“The Licensing Authority shall not approve a Chaperone unless they are

satisfied that she/he is suitable and competent …”

**(Regulations 12(2) Children (Performances) Regulations 1968)**

“Any person 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 £1,000 or imprisonment for a term not exceeding three months or both”

**(Children and Young Persons Act 1963, Part II, Section 40)**

**All information given in this application form will be treated in confidence, other than information relating to criminal offences. Please complete this form in type or block capitals. An incomplete application form may result in the return to the applicant thus prolonging the issue date of the licence.**

|  |
| --- |
| **TITLE: (Mr/Mrs/Ms/Miss)** |
| **SURNAME:** |
| **FIRST NAMES:** |
| **DATE OF BIRTH:** |
| **ADDRESS:** |
| **TELEPHONE NUMBERS:****WORK: HOME:** |
| **EMAIL ADDRESS:** |
| **HOW LONG HAVE YOU LIVED AT THIS ADDRESS?****If less than 5 years, please list all previous addresses during that time:** |
| **PROFESSIONAL QUALIFICATIONS:** |
| **PRESENT/LAST EMPLOYER: (Delete as applicable)****Name:****Address:** |
| **TYPE OF WORK:** |
| **LENGTH OF EMPLOYMENT:****START DATE: FINISH DATE:** |
| **NAME OF CONTACT PERSON AT THE COMPANY:** |
| **POSITION HELD BY CONTACT PERSON:** |
| **TELEPHONE NUMBER FOR CONTACT PERSON:** |
| Have you ever been approved as a Chaperone? Yes [ ]  No [ ]  |
| Are you a Registered Child Minder or Foster Carer? Yes [ ]  No [ ]  |
| If **yes** to either of these questions, please give the name and address of theapproving Authority: |
| Do you have a current First Aid Qualification? Yes [ ]  No [ ]  |
| Date of issue and awarding body: |
| Do you have a valid Driving Licence? Yes [ ]  No [ ]  |
| Does your car insurance allow you to carry passengerswhilst you are employed as a Chaperone? Yes [ ]  No [ ]  |
| Are you Registered Disabled Yes [ ]  No [ ] If yes, please give your Registration Number: |
| Do you have any health and/or physical condition thatmight have a bearing on your ability to act as a Chaperone Yes [ ]  No [ ] If yes, please give your Registration Number: |
| **REFERENCES** |
| Please provide the names and contact details of **THREE responsible persons** who can provide references as to your suitability to be a Chaperone. At least one of these should know you in a professional capacity. A relative will not be deemed appropriate. Forms are at the end of this document. |
| **DBS**  |
| Please enclose with your application form a copy of your current DBS Certificate. However, if this was issued more than 18 months ago you will need to apply for a new enhanced DBS.Please be aware that we cannot process a DBS check, you will need to go onto the government website <https://www.gov.uk/find-dbs-umbrella-body>The following**Umbrella Bodies** An individual, whether employed, self-employed or a volunteer, must apply for a DBS (formally a CRB) check through one of the organisations registered with the DBS.  These organisations are called Registered Bodies/Umbrella Bodies. The organisation that requires the check to be made, or has advised an individual that they require a check, usually provides the means or information required to make the application. However, Our website has a search facility that allows you to search for a local Umbrella Body. This can be found via this direct link  <https://www.gov.uk/find-dbs-umbrella-body>.  It may be advisable that you contact a few Umbrella Bodies to determine which one provides the services you would like to use. Please note that Umbrella Bodies may charge an administration fee. There are two ways of applying for a DBS check. You will either be asked to: •   telephone the DBS application line on 03000 200 190, in which case you will need to confirm the Registered Body name, number and the level of DBS check required, or •   complete a paper application form handed to you by the person who asked you to apply.  For more detailed information and guidance on the DBS application process please go to <https://www.gov.uk/disclosure-barring-service-check/overview/> and follow the links. |
| Please give details of any relevant work experience (e.g. teaching, social work, youth work, child minding, nanny, playgroups, nursery nurse, or if you have acted in a voluntary capacity, such as with cubs/brownies, etcPlease also state anything else that you would wish to add in support of this application. You may continue on another sheet if there is insufficient room below |
| **HAVE YOU COMPLETED THE ON LINE SAFEGUARDING TRAINING?** <http://training.oscb.org.uk/events-list>The course you need to complete is: **An Introduction to Safeguarding** **DATE COMPLETED:**Please attach a copy of the certificate with this application.**Please read ‘What to do if you’re worried a child is being abused’**<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>  |
| Please give the date from which you require approval as a Chaperone: |
| Are you willing for your name to be made available on request to proprietors or other local authorities seeking chaperones for children’s performances? Yes [ ]  No [ ]  |
| **DECLARATION TO BE SIGNED BY THE APPLICANT****I hereby declare that the above information is true, to the best of my knowledge. I understand that I would be liable to prosecution if I willfully stated in it anything that I knew to be false or did not believe to be true****Signed: …………………………………………. Date: …………………………..** |
| **Passport Size Photographs**1. Once you have obtained 2 passport size portrait photographs (taken within the previous six months) take them to any one of the following who know you personally for authorisation: A professionally qualified person (such as a doctor, teacher, lawyer, engineer); bank manager; Member of Parliament; Justice of the Peace; minister of religion, established civil servant or a person of similar standing. A relative is not eligible to authorise.2. Ask the person to endorse the back of each photograph with the following: “I certify that this is a true likeness of (*insert name of applicant*)” sign his/her name and add the date the likeness was confirmed.3. Then ask the person to complete the authorisation details below. |
| **AUTHORISATION DETAILS:****I confirm that I ha****ve certified the passport sized portrait photographs.**Title: (Mr/Mrs/Ms/Miss) Full Name: (Please print)Position/Designation:Telephone Number:Company Address/Stamp**Signed ……………………………………….. Date ……………………………..** |
| **This form should be returned via the proprietor together with:** **Enhanced DBS disclosure check** **Medical questionnaire** **Two passport size portrait photographs** **Three references, at least one of which should know you in a professional capacity (relatives not appropriate)**  **Safeguarding Certificate** **To: Oxfordshire County Council** **The County Attendance Team** **2nd Floor** **Abbey House** **Abbey Close** **Abingdon** **Oxon** **OX14 3JD** |

**MEDICAL QUESTIONNAIRE FOR CHAPERONES**

**TO BE COMPLETED BY THE APPLICANT CHAPERONE**

Please complete this questionnaire carefully and in full. The information you provide is important to the Local Authority in deciding whether or not to grant a licence.

When completed, return to:

**Oxfordshire County Council, The County Attendance Team, 2nd Floor, Abbey House, Abbey Close, Abingdon, Oxon, OX14 3JD**

**SECTION A – APPLICANT (CHAPERONE)**

|  |
| --- |
| **SURNAME: FORENAME(S):** |
| **DATE OF BIRTH:** |
| **ADDRESS:****POST CODE:** |
| **DAY TIME TELEPHONE NUMBER:** |

**MEDICAL DETAILS**

|  |
| --- |
| **NAME OF FAMILY GP:** |
| **ADDRESS:****POST CODE:** |
| **TELEPHONE NUMBER:** |

**Please answer the following questions Yes/No. If you answer YES to any of the questions it will not necessarily prevent the licence from being granted.**

**Please answer all questions.**

**SECTION B**

Vertigo? Yes [ ]  No [ ]

Heart trouble and/or blood pressure problems? Yes [ ]  No [ ]

Asthma, bronchitis and/or shortness of breath? Yes [ ]  No [ ]

Diabetes? Yes [ ]  No [ ]

Epilepsy and/or fainting attacks? Yes [ ]  No [ ]

Migraine? Yes [ ]  No [ ]

Severe head injury? Yes [ ]  No [ ]

Back problems? Yes [ ]  No [ ]

Allergies Yes [ ]  No [ ]

Fractures, tendon, ligament/cartilage damage? Yes [ ]  No [ ]

Physical or other disability? Yes [ ]  No [ ]

Psychiatric or mental illness? Yes [ ]  No [ ]

Have you attended hospital for **any** investigations/

treatment in the last two years? Yes [ ]  No [ ]

Are you suffering from or a carrier of any infectious

diseases? Yes [ ]  No [ ]

Are you registered as disabled? Yes [ ]  No [ ]

Are you pregnant? Yes [ ]  No [ ]

Do you smoke? Yes [ ]  No [ ]

Is there a history of any medical problems in your

family? Yes [ ]  No [ ]

(If you are not sure if a condition is significant please

either contact your GP or give details on this form)

Do you suffer from any other conditions that are not

stated above? Yes [ ]  No [ ]

If you have answered **yes** to any of the above questions overleaf, please give further details below (use a separate sheet if required)

|  |
| --- |
|  |

Do you currently use any form of medication regularly? Yes [ ]  No [ ]

If yes, please give details below:

|  |
| --- |
|  |

**SECTION C**

**DECLARATION:**

As an applicant for a Chaperone Licence it is your duty to keep the Local Authority informed of any subsequent change in your medical condition. Your failure to do so may result in rendering any licence issued as VOID.

I declare that to the best of my knowledge the above information is true and I hereby authorise the Local Authority to seek information from my General Practitioner, where necessary, relating to any medical condition which may be relevant to my Licence.

Signed: ……………………………………………………. (applicant)

Name …………………………………………………………… Date ……………………..

(BLOCK CAPITALS)

CHAPERONE REFERENCE FORM

|  |  |
| --- | --- |
| **REFERENCE FOR:****(applicants name)** |  |
| **REFEREE NAME:** |  |
| **POSITION:** |  |
| **ADDRESS:** |  |
| **TEL NUMBER:** |  |
| **EMAIL ADDRESS:** |  |
| **How long have you been acquainted with the applicant?** |
| **In what context is the applicant known to you?** |
| **Please give your assessment as to the applicant’s suitability to care for children within the performance industry?** |
| **Have you any further comments that may contribute to a decision about certifying the applicant as suitable to chaperone children?** |
| **Signature** |  |
| **Date**  |  |

**Please print in capitals**

CHAPERONE REFERENCE FORM

|  |  |
| --- | --- |
| **REFERENCE FOR:****(applicants name)** |  |
| **REFEREE NAME:** |  |
| **POSITION:** |  |
| **ADDRESS:** |  |
| **TEL NUMBER:** |  |
| **EMAIL ADDRESS:** |  |
| **How long have you been acquainted with the applicant?** |
| **In what context is the applicant known to you?** |
| **Please give your assessment as to the applicant’s suitability to care for children within the performance industry?** |
| **Have you any further comments that may contribute to a decision about certifying the applicant as suitable to chaperone children?** |
| **Signature** |  |
| **Date**  |  |

**Please print in capitals**

CHAPERONE REFERENCE FORM

|  |  |
| --- | --- |
| **REFERENCE FOR:****(applicants name)** |  |
| **REFEREE NAME:** |  |
| **POSITION:** |  |
| **ADDRESS:** |  |
| **TEL NUMBER:** |  |
| **EMAIL ADDRESS:** |  |
| **How long have you been acquainted with the applicant?** |
| **In what context is the applicant known to you?** |
| **Please give your assessment as to the applicant’s suitability to care for children within the performance industry?** |
| **Have you any further comments that may contribute to a decision about certifying the applicant as suitable to chaperone children?** |
| **Signature** |  |
| **Date**  |  |

**Please print in capitals**

**How we use your data**

In this form, we ask for some personal information (such as name, address, postcode) in order to fulfil your request. This information is held securely and is only used to provide you with the service you have requested. Any processing of your information is carried out in line with the requirements of current data protection legislation. Further details about how we process personal data can be found in our [Privacy notice](https://www2.oxfordshire.gov.uk/cms/content/website-terms-and-conditions#privacy).

I agree with the above statement