****

**MIDDLESBROUGH BOROUGH COUNCIL**

**CHAPERONE APPROVAL APPLICATION FORM**

**CHILDREN AND YOUNG PERSONS, ENGLAND**

**The Children (Performances and Activities) (England) Regulations 2014**

*“The licensing Authority must not approve a person as a chaperone unless it is satisfied that the person:*

1. *Is suitable and competent to exercise proper care and control of a child of the age and sex of the child in question; and*
2. *Will not be prevented from carrying out duties towards the child by duties towards other children”*

*CHILDREN & YOUNG PERSONS, ENGLAND The Children (Performances and Activities)(England) Regulations 2014*

**All information given in this application form will be treated in confidence other than information relating to criminal offences.**

**Names and addresses will not be shared with any other agency but another council may check that you are registered with Middlesbrough. Please complete this form in block capitals**

**Mr/Mrs/Miss/Ms**: …**Forename(s**):…………………………………**Surname:**………… ……………………

**Any previous surnames**:…………………………….

**Date of Birth:** …………….. …………  **Address:** …………….……………………………………………... ………………………………………………………………………………. **Postcode:** …………………………

**How long have you lived at this address?**.............................................................................................

**If less than 5 years, please list previous addresses**………………………………………………………..

……………………………………………………………………………………………………………………….

**Telephone No: (inc STD Code):** …………………… **Mobile No**…………………………………………….

**Email ad:**…………………………………………………………………………………………………………….

**Present Employer:**………………………………………………**Position** **held:**…………………………………

**Address**:………………………………………………………………………………………………………………

………………………………………………………………………………… **Postcode**: ………………………….

**National Insurance Number:**……………………………………………………………………………………….

**Name of Group(s) Associated with** (eg Theatre Group, Drama Group, Operatic Group, Dance School etc)……………………………………………………………………………………………………………………..

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**Professional Qualifications**

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**ADDITIONAL INFORMATION:**

1. Have you ever been approved as a Chaperone?

If so, when and by which authority?

1. Are/were you a registered child minder or foster carer?

If so, when and with which authority?

1. Have you received first aid training? If so, provide copy of certificate

or details of training provider and dates for verification purposes

1. Have you undertaken Child Protection Training in the last three

years? If so, provide copy of certificate or details of provider and

dates for verification purposes

If not, have you registered and completed the E-Learning module “Safeguarding Children Foundation” on <https://www.tsab.org.uk/training/>? If so, provide your certificate.

1. If approved will you be acting as a Chaperone in a volunteer or professional capacity?

The Authority is entitled, under arrangements introduced for the protection of children, to check with the Criminal Records Bureau for the existence and content of any criminal record. Therefore, you will be required to complete a disclosure form to enable an Enhanced check to be undertaken.

The work for which you are applying will entail regular contact with children and is exempt from the Rehabilitation of Offenders Act 1974. Therefore, you are required to declare any convictions, cautions, bind-overs or prosecutions you may have, even if they would otherwise be regarded as ‘spent’ under this Act

Have you ever been convicted of any criminal offence? YES/NO (delete as appropriate)

If YES, please specify the date of conviction, Court, Nature of the offence and sentence imposed.

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**REFERENCES:**

Please give the name, address, email address, telephone number and relationship to you of two responsible persons who would be prepared to provide a reference as to your suitability to be a chaperone. References should be from separate sources and not from the same organisation or employer e.g. current or most recent employer, a person who has knowledge of and can comment on your work with children, someone who knows you in a professional capacity.

References cannot be accepted from a spouse, partner or family relation or from someone with whom you live.

1. Name:…………………………………. 2. …………………………………………

Address:………………………………

………………………………………… …………………………………………

Email ad:………………………………… Email ad:…………………………………..

Occupation:……………………………… Occupation:…………………………………

Relationship:……………………………. Relationship:……………………………….

**DISCLOSURE AND BARING SERVICE CHECKS:**

If you already have a current DBS from your employer, please state the:

1. Number………………………………………………………………
2. Date Commenced:…………………………………………………

A photocopy of the DBS check is acceptable or sight of the original is necessary before approval can be given.

**Middlesbrough Borough Council will not be able to issue a Chaperone Approval without the current DBS information requested above. If you do not pay for the automatic DBS update service the LA will have to apply for a volunteer DBS on your behalf.**

**By completing this form I agree to my name being entered on Middlesbrough Borough Council’s Approved List of Chaperones**

**DECLARATION TO BE SIGNED BY THE APPLICANT**

I hereby declare that the above information is true to the best of my knowledge.

I also declare that I will notify Middlesbrough 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.

SIGNED ………………………………………….. Date …………………………………..

This form should be returned to:

Child Employment/Entertainment Licensing Officer,

Education Welfare

3rd Floor

Middlesbrough House

Corporation Road

Middlesbrough

TS1 2RH

Email: CEEL@middlesbrough.gov.uk

**Please attach a passport sized photograph for use on licence**  ****