**Application for Chaperone**

**Approval**

**Please note that the London Borough of Hillingdon, as the Licensing Authority, may refuse to grant a licence if the application form is not received by us at least twenty-one days before the day on which the first performance for which the licence is required takes place. This is in accordance with Part 1, Regulation 1 of Children (Performances) Regulations 1968.**

**By making this application underneath, you consent to London Borough of Hillingdon, the Licensing Authority, processing your personal information for the purposes of assessing whether a licence should be approved for a chaperone. The London Borough of Hillingdon has a legal obligation to only approve a Chaperone where we are satisfied that the applicant is suitable and competent to exercise proper care and control of a child, under Regulation 12(2) of Children (Performances) Regulations 1968.**

**London Borough of Hillingdon will make such enquiries as we consider necessary to enable us to be satisfied that we should grant a licence. This includes carrying out checks with agencies such as the Police, DBS, Social Care at London Borough of Hillingdon and at other Local Authorities, NHS/Health services and any other relevant agencies to ensure the safety of our residents and child performers. The London Borough of Hillingdon can do so by law, under Part 1, Regulation 2 of Children (Performances) Regulations 1968.**

**By signing the Declaration, you consent to the London Borough of Hillingdon carrying out enquiries and checks with Children Social Care at London Borough of Hillingdon on an annual basis for the duration of the licence. This may also involve notifying agencies and other organisations that we deem relevant, that a licence is subsequently revoked.**

**Please complete this form in type or block capitals. An incomplete application form will result in the form being returned to the applicant and delay the application process.**

For further information please contact the Applications Admin Team via email at [**applicationsadmin@hillingdon.gov.uk**](mailto:applicationsadmin@hillingdon.gov.uk)

For further information on how we process your personal data, please refer to the Council’s privacy notice at [www.hillingdon.gov.uk](https://hillingdon-my.sharepoint.com/personal/lwilkins_hillingdon_gov_uk/Documents/Desktop/Hillingdon%20People/www.hillingdon.gov.uk)

**Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| I attach the following in support of my application: | | | |
| Passport | Yes  | Passport Photo | Yes  |
| Driving Licence (Photocard & Counterpart) | Yes  | Completed CRB Application Form | Yes  |
| Birth Certificate | Yes  | Marriage Certificate/ Decree Absolute | Yes  |
| Proof of Current Address – 2 Documents  (i.e. Utility Bill, Bank Statement, Council Tax Bill) | | Yes  | |

**Section 1 - Your details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname |  | | | | MR/MRS/MISS/MS/DR/other  *circle/delete* |
| Forename(s) |  | | | | |
| Date of Birth |  | Place  of Birth | | |  |
| Address |  | | | | |
| Postcode |  | | | | |
| Telephone Number |  | | Mobile |  | |
| Email |  | | Work |  | |
| If you have lived at your current address for less than 5 years, please provide previous addresses to cover this period. |  | | | | |
| **Section 2 – Details of Employment** | | | | | |
| Present/Last Employer |  | | | | |
| Nature of Work |  | | | | |
| Address |  | | | | |
| Postcode |  | | | | |
| Length  of Employment |  | | | | |
| Start Date |  | Finish Date | | |  |
| Managers Name |  | Position | | |  |
| Telephone Number |  | | | | |

**Section 3 - Details of relevant experience**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What type of Chaperone Licence are you applying for? | Professional   (Payment of £150 will be taken before Licence is issued) | | Volunteer  (Free)  | | |
| What are your reasons for applying for a Chaperone Licence? |  | | | | |
| Have you read the guidance of ‘Chaperone Duties’ which has been given to you; and do you agree to fulfil these duties? | | Yes  | | No  | |
| Have you ever been approved as a Chaperone before? | | Yes  | | No  | |
| Have you ever been refused as a Chaperone before? | | Yes  | | No  | |
| Are you a Registered Child Minder or Foster Carer? | | Yes  | | No  | |
| If yes to either of these, please give the name and address of approving Authority: |  | | | | |
| Please give details of any relevant work experience (e.g. teaching, social work, youth work, child minding, nanny, play groups, nursery nurse, entertainment, sporting activities with young persons, advertising industry, or if you have acted in a voluntary capacity, such as with cubs/brownies etc. |  | | | | |
| What experience of theatre, film, TV or modelling work do you have for supervising a child? |  | | | | |
| Do you have any qualifications related to working with children, or performing arts, including child safeguarding training? |  | | | | |
| Do you own, or are you employed at a dancing or dramatic school | | Yes  | | No  | |
| If so, give name & address of the school; and give your status |  | | | | |
| If so, give name & address of the school; and give your status |  | | | | |
| Do you hold a First Aid Certificate? | | Yes  | | | No  |
| Please add anything else that you would wish to add in support of this application. |  | | | | |

**Section 4 - Health and mobility details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you have a full current  driving licence? | Yes  | No  | | Full / Provisional | |
| Does your car insurance include appropriate cover to allow you to transport passengers, whilst you are employed as a Chaperone? | | Yes |  | No |  |
| Are you registered as a disabled person? | | Yes  | | No  | |
| If Yes, what is your Registration Number? | |  | | | |
| Do you have any health conditions or disabilities that could affect you working as a chaperone? | | Yes |  | No |  |
| If Yes, please give details | | | | | |

**Section 5 - Reference details**

Please give the details for two referees, people who are willing to provide a reference as to your suitability to be a Chaperone. Please note that one of the referees, must be known to you in a professional capacity for at least three years and neither can be related (including by marriage) to you.

PLEASE NOTE that referees will be contacted for further information.

**First referee:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name (print) |  | | |
| Address |  | | |
| Post Code |  | Telephone Number: |  |
| Email: |  | | |
| Occupation: |  | | |
| Please specify in what capacity is the second referee known to you: | | | |

**Second referee:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name (print) |  | | |
| Address |  | | |
| Post Code |  | Telephone Number: |  |
| Email: |  | | |
| Occupation: |  | | |
| Please specify in what capacity is the second referee known to you: | | | |

**Section 6 - Conviction details**

Due to the nature of the work, we need to know if you have ever received a caution, reprimand or warning. We also need to know if you have ever been convicted of a criminal offence, including any traffic offences (including spent convictions).

More guidance can be found on the following link:

[**Guidance on the Rehabilitation of Offenders Act 1974 and the Exceptions Order 1975**](https://www.gov.uk/government/publications/new-guidance-on-the-rehabilitation-of-offenders-act-1974)

**Please note that an enhanced DBS check will be carried out as part of this application.**

Please tick the appropriate box below and give details as needed.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I have not been convicted of any offences or received a caution. | | | | |  | |
| I have received a caution, been convicted of the offences shown below: | | | | |  | |
| **Date** | **Court** | **Offence** | | **Sentence** | | |
|  |  |  | |  | | |
| Have you ever been known to Social Services? | | | | Yes  | | No  |
| If yes in which capacity? (Please note that this will be checked before your application is approved): | | |  | | | |

**Section 7 – Declaration**

**DECLARATION TO BE SIGNED BY THE APPLICANT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please note that omission of information relating to a criminal conviction or information that may result in London Borough of Hillingdon carrying our further enquires, may lead to the suspension or revocation of your licence should this information become known to London  Borough of Hillingdon at a later stage. | | | | |
| I hereby give permission for London Borough of Hillingdon to carry our checks with other local authorities and other departments including Children’s Services as part of the approval of a chaperone licence | | | Yes  | No  |
| On occasion London Borough of Hillingdon are asked to supply companies with the names of licensed chaperones. | | | | |
| I hereby give permission for my name, email and contact telephone number only to be given to productions seeking licensed chaperones.  You can opt out at any time simply by emailing [**applicationsadmin@hillingdon.gov.uk**](mailto:applicationsadmin@hillingdon.gov.uk) | | | Yes  | No  |
| Your name will appear on a list of the Local Authority approved Chaperones, unless you indicate otherwise. This means that you will be considered to be acting in a professional capacity as a chaperone. If you only wish to be considered in a volunteer (unpaid) capacity, this will be stated on the licence.  Do you agree to your name being placed on this list? | | | Yes  | No  |
| We also require permission to disclose your name to other local authorities, schools, production companies and parents when we send a copy of the child’s performance licence.  Do you consent to this? | | | Yes  | No  |
| I DECLARE that: | | | | |
| I have read and understood the guidance documents on the Chaperone Duties. | | | Yes  | No  |
| I am able to undertake all the duties detailed within the guidance document. | | | Yes  | No  |
| I have not been disqualified from working with children, or subject to sanctions imposed by a regulatory or professional body e.g. Ofsted. | | | Yes  | No  |
| I declare that I will notify London Borough of Hillingdon, in writing, of any change of name or, address or any change in circumstances (including the status of my enhanced DBS check) that may affect my ability to effectively carry out the duties and responsibilities of a Chaperone. | | | Yes  | No  |
| I understand that if a licence is granted to me, that I have continuing legal obligations to comply with under Part 3 of Children (Performances) Regulations 1968**.** | | | Yes  | No  |
| I hereby declare that the above information is true to the best of my knowledge. I understand that I shall be liable to prosecution under Part 2, section 40 of Children and Young Persons Act 1963.  if I have knowingly or recklessly made any false statement in or in connection with an application for a Chaperone Licence  I confirm this to be true | | |  | |
| I understand my application will be reviewed on an annual basis and that the London Borough of Hillingdon reserves the right to carry out any further checks we deem appropriate which may lead to the withdrawal of any license previously approved by us. | | | | |
| Print Name |  | Date |  | |
| Signature |  | | | |