**Warwickshire County Council**

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

**NEW CHAPERONE APPLICATION FORM**

***CHILDREN IN ENTERTAINMENT***

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| --- |
| Please complete form in **CAPITALS** (Mr / Mrs / Ms / Miss) SURNAME:....…………………….…..FORENAME:………………………….……. Middle Name(s): …………………………………………………………………………………………………. **Name of your Theatre / Dance school / Organisation:** …………………………………………………… Date of Birth: ………………….…… Current Address: .……………………………………………………………………………………………..... .………………………………………………………………………………………………………................... ……………………………………….………………………………….. Postcode: ……….………………….. Daytime Telephone/Mobile number:..………………………………………………………………………….. Email address:……………………………………………………………………………………………………  Previous surname(s) *(if applicable)* .……………………………………. Previous address/es if living at the above address for less than 5 years: ………………………………… ……………………………………………………………………………………………………………………… ……………………………………………………………………………………………………………………… |

1. Do you have any children? Yes / No

 If yes, and your children are under 18 years old, please confirm:

 First Name Surname Date of Birth School Name

2. Name and address of your current/most recent employer:

…………………………………………………………………………………………………………………………

…………………………………………………………….. Postcode ………………………………………………

From: To:

Nature of work: …………………………..…………………………………………………………………………..

3. Please give details of any relevant experience you have working with children *(including teaching, social work, youth work, childminding, nanny, playgroup, nursery nurse, Cubs or Brownies),* andadd anything else which may support this application ***(continue on separate sheet if necessary):***

4. If approved, will you be acting as a chaperone in a volunteer or professional (paid) capacity?

Volunteer / Professional

5. Do you have a health condition that might have a bearing on your application? Yes/No

 If yes, give details:

**References**

Please provide details of two responsible persons who will be prepared to give you references as to your suitability to be a chaperone. References should be from separate sources and not from the same organisation or employer. At least one of these should know you in a professional capacity. Please state in what capacity the person is known to you. You must have known them for at least two years and they must not be from a spouse, partner or family relation or from someone with whom you live.

**Please fully complete the fields below; referees will be contacted by email -**

**1st Referee’s Name** ……………………………………………….Title (Mr, Mrs, Miss, Ms) …………………………...

Telephone No ………………………………….. Email…………………………………………………………………………

Capacity known to you ………………………………………………………………….……………........................................

**2nd Referee’s Name** ……………………………………………….Title (Mr, Mrs, Miss, Ms) …………………………

Telephone No ………………………………….. Email…………………………………………………………………………

Capacity known to you ……………………………………………………………….…………….........................................

Due to the nature of the work, we need to know if you have ever been convicted of a criminal offence, (including traffic offences) or had an allegation made against you, or been the subject of a child protection case conference.

***Please tick the appropriate box and provide relevant details:***

|  |  |  |  |
| --- | --- | --- | --- |
|  **I have not** been convicted of any offences. |  |  **I have not** had an allegation made against  me or been the subject of a child protection  case conference. |  |
|  **I have** been convicted of the offences shown  below: |  |  **I have** had an allegation made against  me / been the subject of a child protection  case conference, as noted below: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s)** | **Court/Authority** | **Offence/Allegation** | **Outcome** |
|  |  |  |  |

We also need to know if you have ever received a reprimand, final warning or a caution.

|  |  |  |
| --- | --- | --- |
|  Please complete the following  if applicable: | **Nature of Offence** | **Date of Offence** |
|  Reprimand |  |  |
|  Final Warning |  |  |
|  Caution |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DECLARATION TO BE SIGNED BY APPLICANT**I hereby declare that the above information is true, to the best of my knowledge. I understand that I will be liable to prosecution if I have wilfully stated anything which I know to be false, or do not believe to be true. I understand that any application will be subject to satisfactory references, assessments and criminal record checks. Any misleading statement or deliberate omission may disqualify my application. I am aware that the necessary enquiries and checks will be undertaken by Warwickshire County Council in order to confirm that the information included in this application form is correct, to verify the authenticity of my qualifications, and to check whether I have any relevant criminal record which might deem me unsuitable for the role of chaperone. I am aware that I will need to attend for an interview as part of this application. I declare that I will notify Warwickshire County Council of any change of name or address, or any change in circumstances that may affect my ability to effectively carry out duties and responsibilities of a chaperone.I confirm I am a paid / volunteer chaperone *(please delete accordingly)*Signed …………………...……………………………….…Date ………………………………….If I decide to join the updates scheme for my DBS, I agree to my records being checked. Yes/No**This form must be brought to the interview, once the DBS has been submitted online, with the following:**

|  |  |
| --- | --- |
| Payment – cheque or PO made payable to Warwickshire County Council |  |
| Passport sized photo with name on reverse (or email photo to chaperones@warwickshire.gov.uk prior to making application) |  |
| Completed Chaperone Application Form |  |
| 2 x Safeguarding Training Certificates (online training) |  |
| 3 forms of identification, as listed when submitting the DBS *This must include a passport and driving licence (if you have these) plus one other form of ID.* |  |
| **I confirm:** Online completion of my DBS  |  |
| **I confirm:** Online completion of 2 x Safeguarding TrainingCourses  |  |

**Please contact our office to arrange for the interview and bring the above documents.**Jayne Bazeley/Brenda Finn (Child Employment and Children in Entertainment)Communities GroupEducation and Learning, Warwickshire County CouncilSaltisford Office Park, Building 3, Ansell WayWarwick CV34 4UL**Email: chaperones@warwickshire.gov.uk Tel: (01926) 742522** **PLEASE NOTE: If you choose to email us, you may be emailing from an account that is not secure, we cannot guarantee it can be kept secure whilst it is being sent to us.** |

***If you do not receive your chaperone badge within 2 months of submitting this form to us,***

***please contact us on the telephone number above to check progress.***

 ***Your information rights*** *To see how we use your personal data and what your information rights are, please read our overall customer privacy notice at www.warwickshire.gov.uk/privacy which includes the contact details if you have a complaint about your information rights. For general**enquiries, contact Warwickshire County Council customer services on 01926 410410*