## APPLICATION FOR CHAPERONE'S APPROVAL

"The Licensing Authority must not approve a person as a chaperone unless it is satisfied that the person is suitable and competent..."

(Regulation 15(4) The Children (Performance and Activities) (England) Regulations 2014)

"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, with the exception of information relating to criminal offences. Please complete this form in type or BLOCK CAPITALS.

## APPLICATION TO WESTMINSTER CITY COUNCIL / ROYAL BOROUGH OF KENSINGTON & CHELSEA

(delete as appropriate)

SURNAME		MR/MRS/MISS/MISS/DR
FIRST NAMES		
DATE AND PLACE OF BIRTH		
ADDRESS, including full post code		
PHONE NUMBERS		
E MAIL		
HOW LONG AT THIS ADDRESS		
IF LESS THAN FIVE YEARS, PLEASE LIST ALL PREVIOUS ADDRESSES DURING THAT TIME  If you have a second home, please also list that here, and specify the days/time of year that you live there.		
PRESENT / LAST EMPLOYER & TYPE OF WORK		
ADDRESS		
PROFESSIONAL QUALIFICATIONS		
Have you ever before been approved as a chaperone?  Have you ever been refused a chaperone licence?		

If so, do you give us permission to contact the LA that refused the licence? Please provide the LA name.				
Are you a registered child minder or foster carer? If yes to any of these, please give details and the name and address of the relevant Local Authorities.				
Do you currently hold an enhanced Westminster/RBKC DBS Certificate?				
Are you part of the DBS Update service?				
If so, do you consent for us to do a yearly check with the update service?				
Do you have a current first aid qualification?				
Do you have a valid driving licence?				
Would your car insurance allow you to carry passengers whilst you are employed as a chaperone?				
Do you have any health condition or a disability that might have a bearing on your application?				
If so, give details:				
Have you undertaken Child Protection or Safeguarding Training?	Yes / No			
Please give the name, address and phone number of t	Give details  wo responsible persons who would be prepared to give  . At least one of these should know you in a professional			
Name:				
Address:				
Email:				
Telephone:	Occupation:			
Please state in what capacity the person is known to you and why you think he or she is able to comment on your suitability.				
Name:				
Address:				
Email:				
Telephone:	Occupation:			
Please state in what capacity the person is known to you and why you think he or she is able to comment on your suitability.				

Please note the Local Authority will decide whether a proposed referee is acceptable or not and whether any references that are supplied, satisfactorily demonstrate your suitability.

If you are approved as a chaperone how will you make use of your licence?

For the purpose of registration as a chaperone, nothing is considered spent and everything must be declared. Please tick the appropriate box below, and give details as needed.							
I have not been convicted of any offences							
I have been convicted of the offences shown below:							
DATE	COURT	OFFEN	CE	RESULT			
What kind of chaperone are you looking to be? Volunteer – Y / N Paid – Y / N							
Your name will appear on a list of the LA's approved chaperones, unless you indicate otherwise. Do you agree to your name being placed on the list? <b>Y / N</b>							
If your application is approved, do you wish for your details to be given to agencies seeking to employ chaperones? Y / N							
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 wilfully stated in my application anything which I know to be false or do not believe to be true.							
SIGNED			DATE				

Due to the nature of the work, we need to know if you have ever been convicted of a criminal offence, including any traffic offences. A Disclosure & Barring Service check will be undertaken as part of the registration process.

This form should be completed & returned, together with two passport sized photographs to, along with 3 forms of appropriate ID to complete DBS check (please contact licensing officer prior to making arrangements):

childlicensing@westminster.gov.uk / childlicensing@rbkc.gov.uk

Child Employment & Licensing Officer

Admissions & Access to Education Team, 2<sup>nd</sup> Floor

Kensington Town Hall

Hornton Street

London W8 7NX

## For Office Use Only

	Date Received	Date Sent	Date Returned
Form ID Proof of Address Photo			
Cheque & Amount			
DBS Cert No			
References		1. 2.	1. 2.
Outcome			