APPLICATION TO RENEW 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 \pounds 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)		
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.		
PHONE NUMBERS		
EMAIL		
ISSUED DATE OF ORIGINAL LICENCE		
EXPIRY DATE OF MOST RECENT LICENCE		
HAVE YOU BEEN REGISTERED DISABLED IN THE LAST 3 YEARS?	YES / NO	
HAVE THERE BEEN ANY CHANGES IN YOUR HEALTH OVER THE LAST 3 YEARS WHICH MAY HAVE BEARING ON YOUR RENEWAL APPLICATION?		
Are you part of the DBS Update service?		

Due to the nature of the work, we need to know if you have ever been convicted of any criminal offences in the last 3 years, including any traffic offences. 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:				
DAT	E	COURT	OFFENCE	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? 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

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, 2nd Floor Kensington Town Hall Hornton Street London W8 7NX

For Office Use Only

	Date Received	Date Sent	Date Returned
Form & Photo			
Cheque & Amount			
DBS Cert No			

Outcome			
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