



**Swindon Borough Council
Children's Services**

**Application Form for Approval as Chaperone Matron
The Children and Young Persons Acts 1933 and 1963
The Children (Performances) Regulations 1968
As amended by The Children (Performances) Regulations 1998 and 2000
All information given in this application form will be treated in confidence, other
than information relating to criminal offences.**

**Please submit your application 3 months before your chaperone services are required.
Swindon Borough Council will endeavor to issue chaperone licenses sent before this but
please be advised this may not be possible.**

Please complete this form in type or block capitals.

Privacy Notice

By completing the following form, you confirm you have read and understood our Privacy Notice, which outlines how we intend to use your personal data.

Please read the [Privacy Notice](#) before continuing.

Surname:	First Name:	Title: Mr/Mrs/Miss/Other:
Previous/Maiden Name:		Date and Place of Birth:
Present Address: How long have you lived at this address: If less than 5 years please list previous address(es)		Post Code:
Telephone No:	Mobile No:	Email Address:
NI No:		

Present Employer:

Address:

Type of work:

Please state your experience in the care, control and supervision of children (Continue on separate sheet if necessary)

a) Please mark 'X' in the role for which you are applying:

- ❖ Voluntary Chaperone []
- ❖ Paid Chaperone []

b) Any previous approval as Chaperone/ Matron? If So, when and by which Authority?

c) Are/were you a registered child minder or foster carer? If so, when and with which Authority?

d) Have you received first aid training? If so, provide a copy of certificate or details of training provider and dates for verification purposes.

e) Have you undertaken child Protection training in the last three years? If so, please provide a copy of the certificate(s) or details from provider and completion dates for verification purposes.

f) If approved will you be acting as a Chaperone in a volunteer or professional capacity?

Please give two written references who you have known for more than 2 years and who have knowledge of your experience and suitability to act as a chaperone for children. Please state the context in which you are known to them and the period they have known you. Please do not include personal relationships i.e. family, partners or any members of the organisation that you wish to become a Chaperone. You may include friends if they have a professional role.

1. Name (Mr/Mrs/Miss) & address with postcode

2. Name (Mr/Mrs/Miss) & address with postcode

Telephone Number	Telephone Number
Email Address	Email Address
Context in which known	Context in which known
Period Known	Period Known
Profession	Profession

Please give reasons for the application and any other relevant information e.g. Name of group(s) associated with, particular show, location, dates:

Swindon Borough Council operates a procedure to protect children who are taking part in performances. Prior to approval, applicants are required to be checked through the DBS Service.

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) 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 subject of a child protection conference
	I have been convicted of the offences shown below		I have had an allegation made against me or been subject of a child protection conference

Date	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		

- 1) I hereby declare that the above information is true to the best of my knowledge. I understand that the Authority will need to make further enquiries regarding any possible convictions I may have. I understand that the Authority will make enquires of partner agencies regarding my suitability to carry out the duties and responsibilities of a Chaperone.

- 2) I also declare that I have read and understood the guidance document on the duties and responsibilities of a Chaperone. I am fit and able to undertake all the duties detailed within the guidance document. I am not disqualified from work with children or subject to sanctions imposed by a regulatory or professional body e.g. OFSTED.

- 3) I also declare that I will notify Swindon Borough Council of any change of name or address or any changes in circumstances that may affect my ability to effectively carry out the duties and responsibilities of a Chaperone.

Signed: _____

Date: _____

If approved, do you agree to your details being put on a list of Local Authority approved Chaperones that may be given to amateur groups and/or dance schools
yes/no

Please return to: Child Licence Team, Inclusion and Achievement, Wat Tyler West, 2nd Floor, Beckhampton Street, Swindon, Wiltshire, SN1 2JG

Or Email: childlicence@swindon.gov.uk

If you need any assistance with this please call 01793 465030