

## APPLICATION FOR CHAPERON'S APPROVAL

### CHILDREN AND YOUNG PERSONS ACT 1963 CHILDREN (PERFORMANCES) REGULATIONS 1968

"The Licensing Authority shall not approve a matron (chaperon) unless they are satisfied that she (he) is suitable and competent ..."

"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 £1000, 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, other than information relating to criminal offences.**

**PLEASE COMPLETE THIS FORM IN TYPE OR BLOCK CAPITALS IN BLACK INK**

SURNAME		MR/MRS/ MISS/MS/DR	
PREVIOUS OR OTHER NAMES			
FIRST NAME			
DATE AND PLACE OF BIRTH			
ADDRESS (including full post code)			
PHONE/FAX NUMBER			
HOW LONG AT THIS ADDRESS?			
IF LESS THAN FIVE YEARS, PLEASE LIST ALL PREVIOUS ADDRESSES DURING THAT TIME			

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PRESENT EMPLOYER	
CONTACT NAME AND POSITION	
ADDRESS (including postcode)	
TELEPHONE NUMBER	
TYPE OF WORK	
PROFESSIONAL QUALIFICATIONS	
<p>Have you ever before been approved as a chaperon?</p> <p>Are you a registered child minder or foster carer?</p> <p>If yes to either of these, please give the name and address of approving Authority</p>	
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 chaperon?	
Are you Registered Disabled? Y/N (Reg. No)	
Do you have any health condition that might have a bearing on your application? If so, give details	

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Please give details of present and previous employment

Please give the name, address and telephone number of two responsible persons who would be prepared to give you references as to your suitability to be a chaperon. At least one of these should know you in a professional capacity; please state in what capacity the person is know to you.

1.

Tel No:

2.

Tel No:

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. 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	OFFENCE	RESULT

Please give details of any relevant work experience involving care, control and supervision of children, eg teaching, social work, youth work, child minding, nanny, playgroups, nursery nurse or if you have acted in a voluntary capacity such as with cubs/brownies. Please also add anything else that you would wish to add in support of this application. You may continue on another sheet if insufficient room here.

I agree that Wiltshire County Council may carry out a police check on me in connection with my application to work as a Matron. I have read and understood the Wiltshire Guide for Matrons.

Signature ..... Date .....

When completed, this form should be returned, marked **CONFIDENTIAL**, to:

TEAM ADMINISTRATION OFFICER  
LET (West District)  
County Hall, East  
Trowbridge  
Wiltshire  
BA14 8JQ