TORFAEN COUNCIL - CYNGOR TORFAEN

**APPLICATION FOR CHAPERONE LICENCE**

Children and Young Persons Act 1933

The Children (Performances & Activities) (Wales) Regulations 2015

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| **Personal details** |
| (Mr/Mrs/Miss/Ms) Surname:  | Forename/s:  |
| Date of birth:  | Occupation: |
| Address: | Postcode: |
| Home Tel Number: | Mobile Number: |
| Email: |

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| **Experience and qualifications** |
| Have you previously applied for Chaperone approval if YES, please provide the name of the Local Authority applications were made to?  |
| Do you have any relevant qualifications applicable to working with children e.g . teacher, teaching assistant, nursery worker, youth worker etc? |
| Please state your experience in the care, control and supervision of children: |
| Do you have a First Aid Qualification? |
| Do you have a Full UK Driving Licence? |
| **NB: if you do use your own vehicle to transport children you must ensure that you have appropriate business use insurance and that you comply with all relevant legislation.** |

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| **Health Information** |
| Do you have any health and/or physical conditions that might restrict your ability to act as a Chaperone?YES NO |
| If yes, please give details:  |
| **Disclosure & Baring Service checks****Due to the nature of the work you are seeking approval for, we need to know if you have ever been convicted of a criminal offence, including traffic offences. Please complete the following as appropriate and give details as required.** |
| I have not been convicted of any offences I have been convicted of the offences outlined below |
| Date | Court | Offence | Outcome |
|  |  |  |  |

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| Have you ever been known to Social Services?YES NO |
| If yes, please give details:  |

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| **References****Please provide two references (not family members) who have known you for more than 2 years and are prepared to answer an enquiry as to your suitability to carry out the duties of a Chaperone. One of these should be a recent employer.**  |
| **Name of referee 1**:  | Context in which known:  |
| Address:  | Postcode:  |
| Telephone number:  | Email:  |
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| **Name of referee 2**:  | Context in which known:  |
| Address:  | Postcode:  |
| Telephone number:  | Email:  |

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| Do you intend to work professionally as a Chaperone receiving payment other than expenses? YES NO |

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| **Declaration:**I apply to Torfaen Council for approval as a Chaperone for Children in entertainment under the Act and Regulations. I consent to reference checks and a Disclosure and Barring Service check being carried out. 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 wilfully state anything I know to be false or do not believe to be true. |
| Signed:  | Print name:  | Date:  |

**Self-disclosure forms**

Self-disclosure form for roles which are covered by the Rehabilitation of Offenders Act 1974 in England, Scotland and Wales or the Rehabilitation of Offenders (Northern Ireland) Order 1978.

**FOR COMPLETION BY THE PERSON APPLYING FOR THE ROLE**

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| Name of candidate/person: |   |
| Previous name(s): *Please include date(s) each name was used* *(MM/YYYY)*  |   |
| Address with postcode: *Please include dates from and to (MM/YYYY) for each address*  |   |
| Telephone/mobile number:  |   |
| Date of birth:  |   |
| Gender:  |   |

As the role you have applied for involves contact with children, you will also be required to undergo the relevant vetting and barring checks. Depending on the nature of the role, this could include checking criminal convictions and checking that you are not barred from working with children.

All information you provide will be treated as confidential and managed in accordance with relevant data protection legislation and guidance. You have a legal right to access any information held about you.

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| Have you ever been known to any Children’s Services department or police as being a risk or potential risk to children?  | YES  |  NO  |
| If yes, please provide further information: |  |  |
| Have you been the subject of any investigation and/or sanction by any organisation or body due to concerns about your behaviour towards children?  |  YES  |  NO  |
| If yes, please provide further information and include details of the outcome: |
| Have you ever been the subject of disciplinary sanctions or been asked to leave employment or voluntary activity due to inappropriate behaviour towards children?  |  YES  |  NO  |
| If yes, please provide further information:   |  |  |
| Do you have any unspent convictions in the UK or overseas?  |  YES  |  NO  |
| If yes, please provide further information |   |
| **Confirmation of declaration** (tick box below) |
|   | I agree that the information provided here may be processed in connection with recruitment purposes and I understand that an offer of employment may be withdrawn or disciplinary action may be taken if information is not disclosed by me and subsequently come to the organisation’s attention.  |
|   | In accordance with the organisation’s procedures if required I agree to provide a valid criminal record certificate and consent to the organisation clarifying any information provided on the disclosure with the agencies providing it.  |
|   | I agree to inform the organisation within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children or young people.  |
|   | I understand that the information contained on this form, the results of the criminal record check and information supplied by third parties may be supplied by the organisation to other persons or organisations in circumstances where this is considered necessary to safeguard children.  |
| **Signature of candidate:**  |  |
| **Print name:**  |  |
| **Date:**  |  |