

APPLICATION FOR APPROVAL AS CHAPERONE
FOR CHILDREN IN ENTERTAINMENT

Surname:..... First Names:.....

Title:..... D.O.B:Address:.....

..... Post Code:

Home Tel Number: Mobile:

E-Mail Address.....

Names of Local Authorities to which previous applications have been made:

Authority.....Date.....Granted **Yes / No**

Are you a qualified teacher, nurse, registered child minder, foster carer:

If Yes, give dates and registered number:.....

Do you hold a First Aid Qualification? **YES/ NO** If Yes, date of certificate:.....

Do you own or are you employed at a dancing/dramatic school **YES / NO** If Yes, give name and address of school and your status:

.....

Do you have a valid driving licence **YES / NO** If Yes, does your car insurance allow you to carry passengers whilst employed as a chaperone? **YES / NO**

Are you registered disabled? **YES / NO**

Do you have any health condition that may have a bearing on your application **YES / NO**

If Yes, please give details:

Current Occupation:

Name & Address of Employer:

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Please outline your personal experience of working with children together and any other relevant qualifications for employment as a chaperone:

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Please provide a brief explanation as to your reasons for applying to chaperone children within the performance industry:

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Have you studied the "Chaperone Duties" that have been given to you, and do you agree to fulfil these duties **YES / NO**

SIGNED..... DATE.....

Please give names and addresses of two responsible persons (**not relatives or known to you solely through the organisation for which you wish to chaperone**) who are prepared to answer any enquiry as to your suitability of character and temperament to carry out the duties of a Chaperone. (**One of these persons should be a recent employer**).

(1) Name..... Address.....
..... Post Code
E-Mail.....
Capacity in which known

(2) Name.....Address.....
.....Post Code
E-Mail.....
Capacity in which known

I hereby certify that the above particulars are correct.

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

Please return this form to:
School and Family Support Team, NPTCBC, Civic Centre, Port Talbot, SA13 1PJ