

**APPLICATION FOR APPROVAL AS CHAPERONE**

# FOR CHILDREN IN ENTERTAINMENT

Surname: Click or tap here to enter text. Forename(s): Click or tap here to enter text.

Title: Click or tap here to enter text. Date of birth: Click or tap here to enter text.

Address:

Post code:

Home Tel.: Mobile number:

Email address:

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

Authority: Click or tap here to enter text. Date: Click or tap here to enter text. Granted: **Yes / No**

Authority: Click or tap here to enter text. Date: Click or tap here to enter text. Granted: **Yes / No**

Are you a qualified teacher, nurse, registered child minder, foster carer: **Yes / No**

If Yes, give dates and registered number: Click or tap here to enter text.

Do you hold a First Aid Qualification: **Yes / No**

If Yes, dates of certificate: Click or tap here to enter text.

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: Click or tap here to enter text.

Name of Dance/Performance Company that you are associated with: Click or tap here to enter text.

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 currently registered with the DBS Update Service? **Yes / No**

If yes, please supply your original DBS Certificate and complete the ‘Disclosure & Barring Service (DBS) Online Status Check Consent Form’

Are you registered disabled? **Yes / No**

Do you have any health conditions that may have a bearing on your application? **Yes / No**

If Yes, please give details: Click or tap here to enter text.

Current Occupation: Click or tap here to enter text.

Name & address of employer: Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

Have you studied the Welsh Government guidance ‘Keeping young performers safe’ that has been provided to you?

If Yes, please sign: Date:

**References**

Please give names and addresses of two responsible persons who have known you for at least 2 years **(not relatives or known to you solely through the organisation for which you wish to chaperone).** These persons should be prepared to answer any enquiry as to your suitability of character and temperament to carry out the duties of a Chaperone. **(If employed, one of these persons should be a recent employer).**

**Referee 1:**

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Address: Click or tap here to enter text.

Post Code: Click or tap here to enter text.

Email address: Click or tap here to enter text.

(If an e-mail address is given we will presume you are happy for the reference request to be e-mailed. If this is not the case please leave blank)

Occupation: Click or tap here to enter text.

Capacity in which known: Click or tap here to enter text.

**Referee 2:**

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Address: Click or tap here to enter text.

Post Code: Click or tap here to enter text.

Email address: Click or tap here to enter text.

(If an e-mail address is given we will presume you are happy for the reference request to be e-mailed. If this is not the case please leave blank)

Occupation: Click or tap here to enter text.

Capacity in which known: Click or tap here to enter text.

**I hereby certify that the above particulars are correct. I understand that my application must be completed within 3 months and it is my responsibility to ensure this.**

**Signature:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

***Please return this form to:***

School and Family Support Team,

Neath Port Talbot County Borough Council

Civic Centre,

Port Talbot,

SA13 1PJ

**By e-mail:** [sfs@npt.gov.uk](mailto:sfs@npt.gov.uk)