

Attendance and Welfare Support Service

Bath & North East Somerset Council

Lewis House, Manvers Street

Bath BA1 1JG

www.bathnes.gov.ukEmail: AWSS@bathnes.gov.uk

Telephone: 01225 394241

APPLICATION FOR APPROVAL AND REGISTRATION OF CHAPERONE**Children & Young Persons Act 1963****Children (Performance) Regulations 1968****The Children (Performances) (Miscellaneous Amendments)****Regulations 1998**

Prior to your approval Bath & North East Somerset Council operate a procedure to protect children taking part in performances. Applicants are required to be checked through the Disclosure & Barring Service (DBS). The position, for which you are applying, with the privileged and substantial access it gives to children as per the conditions set out in Home Office circular 47/93, is an exempted occupation under the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. This means that you do not have the right not to reveal spent convictions. Spent convictions must, therefore, be disclosed.

Mr/Mrs/Ms/Miss Full Forenames and Surname	
Current Address	
Post Code	
Home Telephone Number	
Mobile	
Email Address	
Current or most recent Employer	
Experience in the care and supervision of Children <i>Continue on separate paper if necessary.</i>	

<p>Any previous approval as a Chaperone? If yes, which Local Authority gave approval?</p>	<p>Yes/No</p> <p>LA: Date of Expiry:</p>
<p>Do you have a First Aid qualification? Date?</p>	<p>Yes/No</p> <p>Date issued:</p>
<p>Do you have a valid Driving Licence?</p>	<p>Yes/No</p>
<p>Does your car insurance allow you to carry passengers whilst you are employed as a Chaperone?</p>	<p>Yes/No/ Not sure</p>
<p>Do you have any health condition that might have a bearing on your application? If so give details. <i>We will require a doctor's letter to confirm that you are in good health to perform the duties of a chaperone.</i></p>	
<p>Are you aware of Child Protection procedures?</p> <p><i>You will be required to complete B&NES CP online training prior to your application being approved</i></p>	<p>Yes/No</p> <p>Training details will be provided upon application – please complete and send a copy of the completion certificate to AWSS@bathnes.gov.uk</p>
<p>Are you aware of the duties and powers of a Chaperone?</p>	
<p>Do you consent to having your contact details given out to production companies (if requested)?</p>	
<p>Photo for ID Card/Pass Headshot with clear background saved as a JPEG</p>	<p>Photo emailed to AWSS@bathnes.gov.uk Date:</p>
<p>Are you an employee of BANES and do you hold an enhanced DBS?</p> <p>Do hold a valid enhanced DBS & are you signed up to Update Service</p> <p>If No please contact A&WSS & provide ID forms for verification</p> <p>Date Payment made for DBS</p> <p>Email from uCheck with instructions to finalise DBS process</p>	<p>DBS Certificate No: Date issued:</p> <p>Yes – please complete the DBS Update Service Check Form & email to AWSS@bathnes.gov.uk – date emailed</p> <p>No – ID Forms prepared for Verification Date Verification Form</p> <p>Date Payment made</p> <p>Date uCheck email processed to create DBS log in & finalise application</p>

Attachments required/included – please tick	CP Training Certificate Photo for ID DBS Info
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Name and address of two referees (not family) one of which should be a person involved in a **child centred occupation**, who has knowledge of your experience and suitability to undertake full responsibility for children. Please state the context in which you are known to them.

Referee Number 1	Referee Number 2
Name Address	Name Address
Telephone No Email address	Telephone No Email address
Context known	Context known

I hereby declare that the above information is true to the best of my knowledge. I understand that approval is subject to a criminal records check. Once approved, if I **change my name or address** or if I **am arrested for an offence triable in a Court of Law, or any conviction in such a Court, I will inform Bath & North East Somerset Council within 7 days**. Please note that a Chaperone Approval is granted by the Local Authority where a Chaperone resides. If I move to another Local Authority I am aware that my approval will no longer be valid and I must not undertake Chaperone duties until I have a new Chaperone Approval from the new Local Authority. I am aware that failure to comply with any of the above will result in my approval being withdrawn.

Signature:

Date: