**Employment of Children in Public Entertainments**

**FORM OF APPLICATION FOR APPROVAL AS A LICENCED CHAPERONE**

Please return **by** **Email:**

[CIEE@valeofglamorgan.gov.uk](mailto:CIEE@valeofglamorgan.gov.uk)

**Or by Post:**

To – Child & Chaperone Licencing - Inclusion Team, 3rd Floor, Civic Offices, Holton Road, Barry, CF63 4RU with **1 passport sized photo (which will be attached to future licences)**.

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| --- | --- | --- | --- |
| Name in full |  | | |
| Title |  | | |
| Date of birth |  | | |
| Permanent address |  | | |
| Contact telephone |  | | |
| Email address |  | | |
| Names of Local Authorities to which previous applications have been made, with dates of such applications. Please state if granted or not in each case. | |  | |
| Are you a qualified teacher or nurse? | | Yes  No | |
| Any other relevant qualifications for employment as chaperone? Please list them. | |  | |
| Do you own, or are you employed at a dancing or dramatic school? If so, give the name and address of school and give your status. | |  | |
| Have you studied the list of ‘Duties of a chaperone’ which has been given to you and do you agree to fulfil these duties? | | Studied duties: Yes  No  I agree to fulfil them: Yes  No | |
| Give titles, names and addresses, contact details and of two responsible persons (not relatives) who are prepared to answer any enquiry as to your suitability by character and temperament to carry out the duties of chaperone. (One of these persons should be a recent employer.) | | Referee 1:  Email: | |
| Referee 2 (Recent employer):  Email: | |
| Have you completed Chaperone Training with Cardiff Council? | | Yes  No | Date trained: |
| DBS completed specific to being a chaperone | | Date: | Disclosure Number: |
| Please indicate if you are happy for us to share your details with third parties. | | Yes - I give permission  No - I withhold permission | |

I hereby certify that the above particulars are correct.

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| Signature |  | Date |  |