



HILLINGDON

LONDON

Application for Matron / Chaperone Approval

Children and Young Persons Act, 1963 Children (Performances) Regulations, 1968

“The Licensing Authority shall not approve a matron (Chaperone) unless they are satisfied that she [he] is suitable and competent.”

(Regulation 12(2), Children (Performances) Regulations 1968)

“Any person who knowingly or recklessly makes any false statement in or in connection with an application for a licence....shall be liable on summary conviction to a fine not exceeding £1,000, or imprisonment for a term not exceeding three months or both”

(Children and Young Persons Act, 1963, Part 11, Section 40)

All information given in this application form will be treated in confidence, other than information relating to criminal offences. Please complete this form in type or block capitals. An incomplete application form may result in the return to the applicant thus prolonging issue date of licence.

By making this application, you consent to further checks being made with agencies such as Police, Social Care and Health services and others when appropriate to ensure the safety of our residents and child performers

Surname		MR/MRS/MISS/MS/DR/other <i>circle/delete</i>	
Forename(s)			
Date of Birth		Place of Birth	
Address			
Postcode			
Telephone Number		Mobile	
Email		Work	
If you have lived at your current address for less than 5 years please provide previous addresses to cover this period.			

Present/Last Employer			
Nature of Work			
Address			
Postcode			
Length of Employment			
Start Date		Finish Date	
Managers Name		Position	
Telephone Number			

Have you ever been approved as a Matron/Chaperone before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever been refused as a Matron/Chaperone before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you a Registered Child Minder or Foster Carer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes to either of these, please give the name and address of approving Authority:			
Do you have a valid driving licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Full / Provisional
Have you studied the list of "Duties of Matron, which has been given to you; and do you agree to fulfil these duties?"	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Would your car insurance allow you to carry passengers whilst you are employed as a Matron/Chaperone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you registered disabled? If Yes, what is your Registration Number?		
Do you have any health and or physical condition that might have a bearing on your ability to act as a chaperone/matron?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details		

Do you own, or are you employed at a dancing or dramatic school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, give name & address of the school; and give your status.		

Reason for application for Chaperone/Matron Licence

Please give details of any relevant work experience (e.g. teaching, social work, youth work, child minding, nanny, play groups, nursery nurse, entertainment, sporting activities with young persons, advertising industry, or if you have acted in a voluntary capacity, such as with cubs/brownies etc. Please add anything else that you would wish to add in support of this application. You may continue on another sheet if insufficient room here.

Please give details of two responsible persons who would be prepared to give you references as to your suitability to be a Matron/Chaperone. (i.e. an employer and someone who has known you for at least 3 years) A relative (including by marriage) will not be deemed appropriate.

Full Name (print)			
Address			
Post code		Telephone Number	
Capacity in which the person is known to you:			

Full Name (print)			
Address			
Post Code		Telephone Number:	
Capacity in which the person is known to you:			

PLEASE NOTE: Referees will be contacted for further information.

Due to the nature of the work we need to know if you have ever received a caution, reprimand or warning. We also need to know if you have ever been convicted of a criminal offence, including any traffic offences (including spent convictions). Please tick the appropriate box below and give details as needed

I have not been convicted of any offences or received a caution. <input type="checkbox"/>			
I have received a caution, been convicted of the offences shown below: <input type="checkbox"/>			
Date	Court	Offence	Sentence
Have you ever been known to Social Care? YES / NO		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes in which capacity? (Please note that this will be checked before your application is approved):			

Your name will appear on a list of the Local Authority approved Chaperones, unless you indicate otherwise. This means that you will be considered to be acting in a professional capacity as a chaperone. If you only wish to be considered in a volunteer (unpaid) capacity, this will be stated on the licence.

Do you agree to your name being placed on this list? Yes No

I wish to be considered in the following capacity:

Professional Chaperone / Volunteer Chaperone (please circle)

DECLARATION TO BE SIGNED BY THE APPLICANT			
I HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE, TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I WOULD BE LIABLE TO PROSECUTION IF I HAVE WILLFULLY STATED ANYTHING I KNEW TO BE FALSE OR DID NOT BELIEVE TO BE TRUE			
Signature		Print Name	
Date			

<u>Checklist</u>			
I attach the following in support of my application:			
Passport	Yes <input type="checkbox"/>	1 Passport Photo	Yes <input type="checkbox"/>
Driving Licence (Photocard and Counterpart)	Yes <input type="checkbox"/>	Completed CRB Application Form	Yes <input type="checkbox"/>
Birth Certificate	Yes <input type="checkbox"/>		
Marriage Certificate/Decree Absolute	Yes <input type="checkbox"/>		
Proof of current address (Utility bill/Bank Statement/Council tax bill)	Yes <input type="checkbox"/>		
Need 2 of these documents			

Please contact the Applications Processing Team on **01895 558 170** to arrange an appointment to return your completed application form. Please note you will need to bring with you one passport sized portrait photograph. Payment will need to be made via cheque, cash or debit or credit card for professional chaperone applications. For further information please contact the Applications Processing Team on the above mentioned telephone number; via email at applicationsprocessingteam@hillingsdon.gov.uk or via post at **3N/04, Civic Centre, High Street, Uxbridge, Middlesex, UB8 1UW**