

CHILDREN (PERFORMANCES and ACTIVITIES) (ENGLAND) REGULATIONS 2014

**APPLICATION TO RENEW CHAPERONE’S APPROVAL
(AND TUTOR [if applicable])**

"The Licensing Authority must not approve a person as a chaperone unless it is satisfied that the person is suitable and competent..." (Regulation 15(4), Children (Performances and Activities)(England) Regulations 2014

“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 II, 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.

Please complete all sections			
Surname (Block letters)		Mr/Mrs/Ms/Miss/Other*	
First Names (Block letters)			
Date of Birth			
Place of Birth			
Address (inc. postcode)			
Telephone Number		Mobile Number	
Email Address			
Issue Date of Original Licence			
Expiry Date of Most Recent Licence			
Have you been registered disabled in the last 3 years?	YES/NO		
Have there been any changes in your health over the last 3 years which may have bearing on your renewal application?			

Due to the nature of the work we need to know if you have ever been convicted of any criminal offences in the last 3 years, including any traffic offences. Please tick the appropriate box below and give details as needed.

<input type="checkbox"/>	I have not been convicted of any offences		
<input type="checkbox"/>	I have been convicted of the offences shown below:		
DATE	COURT	OFFENCE	RESULT

What kind of chaperone are you looking to be?
 Volunteer – **Yes / No**
 Paid – **Yes / No**

Your name will appear on a list of the LA’s approved chaperones unless you indicate otherwise. Do you agree to your name being placed on the list? **Yes / No**

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 wilfully stated in my application, anything which I know to be false or do not believe to be true.

Signed: _____ Date: _____

This form should be completed and returned, together with two passport size/type photographs to.

child.licensing@bury.gov.uk

**Child Licensing Officer
 School Attendance and Education Welfare Team
 3 Knowsley Place
 Duke Street
 Bury, BL9 0EJ**

**To apply for a new DBS, please telephone 0161-253 5693 or 07583-068452 for updated information.
 Alternatively, you can email as per the above.**

For office use only

	Date Received
Form & Photo	
DBS Cert N ^o	
Outcome/Approved	