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**SOCIAL CARE CHECK**

|  |  |  |  |  |  |  |
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| **Section 1** | | **To the Applicant/Appointee** | | | | |
| Current Department of Health Guidelines recommend that Bury Council check with Social Care on the background of certain persons who will have access to children.  Please complete Section 2 to enable this check to be done.  **Post: Chaperone/Tutor for Children in Entertainment** | | | | | | |
|  | | | | | | |
| **Section 2** | | **For completion by Applicant/Appointee to post in Section 1** | | | | |
| Block Capitals Please | | | | | | |
|  | | | | | | |
| First Names: | |  | | | Surname: |  |
| Date of Birth: | |  | | | Place of Birth: |  |
| Previous or other names (e.g. maiden name) | | | | |  | |
| Present Address: | |  | | | | |
| Post Code: | |  | | | | |
| Length of time at this address: | | | |  | | |
| From (date): |  | | | | | |
| Telephone Number: | |  | | | Mobile Number: |  |
| Please give previous addresses, in full, used within the last 5 years (state full postal address inc. post code) | | | | | | |
| 1. | | | | | Date from: | Date to: |
| 2. | | | | | Date from: | Date to: |
| 3. | | | | | Date from: | Date to: |
| Continue overleaf if necessary | | | | | | |
| In connection with the application specified in Section 1, I will have substantial access to children and agree to enquiries being made in confidence from Social Care. (This information is being used for the above purpose only). | | | | | | |
| Signed: | | | | | Date: | |
| **Section 3** | | | **To Social Care** | | | |
| Can you please check the above person on Liquid Logic, enter your findings in the space below and return this form to the Child Licensing Officer, School Attendance, Exclusions and Community Learning Team, 3 Knowsley Place, Duke Street, Bury BL9 OEJ or email to: [child.licensing@bury.gov.uk](mailto:child.licensing@bury.gov.uk) | | | | | | |
|  | | | | |  | |
| Signed:  On behalf of Social Care | | | | | Date: | |