

SOCIAL CARE CHECK

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| Section 1 To the Applicant/Appointee |
| <p>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.</p> <p>Please complete Section 2 to enable this check to be done.</p> <p>Post: Chaperone/Tutor for Children in Entertainment</p> |

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| 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/Protocol, enter your findings in the space below and return this form to the JE&E Licensing Officer, School Attendance Team, 3 Knowsley Place, Duke Street, Bury BL9 OEJ or email to: child.licensing@bury.gov.uk | | | |
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| Signed: On behalf of Social Care | | Date: | |