



## APPLICATION FORM OF FOR APPROVAL AS CHAPERONE

**Telephone** 020 7332 1002

**Fax** 0207 332 1621

**Email** amrul.khan

@cityoflondon.gov.uk

**This form is only for City of London Local Authority residents. If you live in another Local Authority, you'll need to contact your home Local Authority for an application form if you do not live within the City of London Corporation.**

The Licensing Authority shall not approve a Matron [Chaperone] unless they are satisfied that he [she] is suitable and competent. Regulation 12(2) The Children (Performances) Regulations 1968.

Please complete this form in type or block capitals. All information given on this application form will be treated in confidence, other than information relating to criminal offences.

Approval is issued for one year only.

<b>1 PERSONAL DETAILS</b>		
<b>2 Surname</b>	Title: Mr/Mrs/Ms/Miss/Dr	
<b>3 First Name</b>	Date and Place of Birth	
<b>4 Previous names</b>		
Address		Post Code
Telephone No – Day Time		Evening
If you have lived at the above address for less than 5 years, please list all previous addresses during that period.		
Name of current/most recent employer	Position held	Date started

Reasons for applying to become a chaperone and any other relevant work experience e.g. teaching, social work, youth work, play groups, or if you have acted in a voluntary capacity, such as with Brownies/Cubs. Please add anything else you consider relevant. You may continue on another sheet if necessary.

When do you wish the approval to begin?

<b>Relevant Qualifications</b>	
<p>Have you ever made a chaperone application to another Local authority? Please state if granted or not.</p> <p>Are you a registered child minder or foster carer?</p> <p>If yes to either of these, please give the name and address of approving Authority.</p>	
<p>Do you have a current first aid qualification?</p>	
<p>Do you have a valid driving licence?</p>	
<p>Would/Does your car insurance allow you to carry passengers whilst you are employed as a chaperone?</p>	
<p>Whether qualified teacher or nurse. (Give dates and registered number)</p>	
<p>Are you registered disabled? Y/N (Reg No)</p>	
<p>Do you have any health condition that might have a bearing on your application? If so, give details.</p>	
<p>Do you have any criminal convictions?</p>	
<p>Have you studied the information booklet supplied with this form?</p>	

Please give the name, address and telephone number of three responsible persons (not relatives) who would be prepared to give you references as to your suitability to be a chaperone. At least one of these should know you in a professional capacity, preferably your current or most recent employer; please state in which capacity your references are known to you.

1.
2.
3

**In case of renewal only.**

Have you been convicted an offence during the past year?	Yes/No, If yes please state convictions below:
--	--

**DECLARATION TO BE SIGNED BY APPLICANT**

I hereby declare that the above information is true, to the best of my knowledge. I understand I will be liable to prosecution if I have wilfully stated anything which I know to be false, or do not believe to be true.

Signed:

Date:

Please send this form, together with 2 passport-sized photographs, to:

Early Years and Education  
**City of London** PO Box 270,  
 Guildhall,  
 London  
 EC2P 2E

For office use	Date	Signature	Comments
Received			
References required			
Police check required			
Outcome			