



**APPLICATION TO REGISTER AS A  
CHAPERONE**

**THE CHILDREN (PERFORMANCES & ACTIVITIES) (ENGLAND) REGULATIONS 2014**

<b>Surname</b>	
<b>Forenames</b>	
<b>Date of Birth</b>	
<b>Address, including Postcode</b>	
<b>Telephone number</b>	
<b>Email:</b>	

**Current/previous Employment:**

<b>Dates</b>	<b>Job Title</b>	<b>Employer address</b>

**General Information:**

<b>Have you previously been an Approved Chaperone?</b>	
<b>Are you a registered Child Minder or Foster Carer?</b>	
<b>If yes to either of these, please give the name &amp; address of approving Authority</b>	
<b>Do you have a current first aid qualification? If yes, give details</b>	
<b>Are you Registered Disabled? If yes please give your Registration No.</b>	
<b>Do you have a health condition that might have a bearing on your application? If so give details.</b>	

**References:**

<b>Please give the name, address, telephone number and e-mail address of two responsible persons 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; please state in what capacity the person is known to you</b>
<b>1.</b>
<b>2.</b>

**Experience:**

**What skills/experience do you have to fulfil this role:**

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**It is a requirement of chaperones that they have an Enhanced Disclosure & Barring Service (DBS) Certificate. Please enclose a copy of your current certificate.**

**If you do not have a DBS Certificate please state so here .....**

**DECLARATION TO BE SIGNED BY APPLICANT**

**I wish to apply to become registered as a chaperone to children in performances as defined by Regulation 15 of The Children (Performances & Activities) (England) Regulations 2014**

**In an unpaid capacity**   
**OR In a paid capacity**  **(please select which applies)**

**I understand that if I am barred from regulated activity, I must not work or seek to work in regulated activity from which I am barred.**

**I hereby declare that all the information I have provided is true and that I have read and understood the enclosed leaflet entitled Information for Chaperones.**

..... **Signature**

..... **Date**

**Please return this form together with 2 passport sized portrait photographs to:**

**Children in Performances, Safeguarding Children Service, Priory Green Office, Whitburn Close, Pendeford, Wolverhampton, WV9 5NJ**

**Telephone: 01902 555233**

**Email: [child.employment@wolverhampton.gov.uk](mailto:child.employment@wolverhampton.gov.uk)**

**Should any companies/agencies require a local chaperone, would you like to be kept on a Public or Private list? Please select: Public**

**Private**