

WESTMINISTER CITY COUNCIL

Westminster Education Welfare Service
1st Floor, 4 Frampton Street
London NW8 8LF

Tel: 020 7641 7567

Fax: 020 7641 7577

CHILDREN IN ENTERTAINMENT

*M3.1 Application for
Chaperon / Matron Approval*

“The Licensing Authority shall not approve a matron (chaperone) unless they are satisfied that she / he is suitable and competent...”

(REGULATION 12(2), THE CHILDREN (PERFORMANCE) REGULATIONS, 1968)

“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.”

(THE CHILDREN AND YOUNG PERSONS ACT, 1963 PART II, SECTION 40)

All details in this application will be treated in confidence, with the exception of information relating to criminal offences. Please complete this form in Type or BLOCK CAPITALS.

TITLE: MR/ MRS/ MISS/ MS	
SURNAME	
FIRST NAMES	
DATE AND PLACE OF BIRTH	
ADDRESS: (INCLUDING FULL POST CODE)	
TEL/FAX/E-MAIL	
HOW LONG AT THIS ADDRESS	
IF LESS THAN FIVE YEARS, PLEASE LIST ALL PREVIOUS ADDRESSES DURING THIS PERIOD	

PRESENT EMPLOYER	
WORK ADDRESS	
<p>Have you ever before been approved as a chaperone?</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>	
Do you have a current first aid qualification?	
Do you have a valid driving licence?	
Would your car insurance allow you to carry passengers whilst employed as a chaperone?	
Are you registered disabled? If Yes, what is your registration number?	
Do you have any health condition that might have a bearing on your application? If so, give details:	

Please give the name address and telephone number of two responsible persons who would be prepared to provide a reference 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.

1.

2.

Please give details of any other relevant work experience such as teaching social work, youth work, child minding, or details of any relevant work undertaken in a voluntary capacity eg. Play group etc. Please also include anything else you wish to add in support of this application. Please continue on another sheet if necessary.

Your name will appear on a list of the LEA's approved chaperons, unless you indicate otherwise. Do you agree to your name being placed on this list? Y/N

DECLARATION TO BE SIGNED BY THE APPLICATION

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

SIGNED:

DATE:

This form along with a CRB form obtainable from the address below should be completed and returned with two passport sized portrait photographs to:

Sarah Heggie
Education Welfare Service
4 Frampton Street
London
NW8 8LF