

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***M4.1 Renewal Application for******Chaperon / Matron Approval***

“The Licensing Authority shall not approve a matron [chaperon] unless they are satisfied that she [he] is suitable and competent...”

(REGULATION 12(2), THE CHILDREN (PERFORMANCES) 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 given in this application form will be treated in confidence, with the exception of information relating to criminal offences. Please complete this form in type or BLOCK CAPITALS.

SURNAME		Title: Mr/ Mrs/ Miss/ Ms/ Dr
FIRST NAMES		
DATE AND PLACE OF BIRTH		
ADDRESS (including full post Code)	Post Code:	
PHONE/ FAX/ E-MAIL		
ISSUED DATE OF ORIGINAL LICENSE		
EXPIRY DATE OF MOST RECENT LICENCE		
HAVE YOU IN THE LAST 12 MONTHS BEEN REGISTERED DISABLED? Yes/ No		
HAVE THERE BEEN ANY CHANGES IN YOUR HEALTH OVER THE LAST 12 MONTHS WHICH MAY HAVE BEARING ON YOUR RENEWAL APPLICATION?		

Due to the nature of the work, we need to know if you have been convicted of any criminal offences in the last 12 months, including traffic offences. Please tick the appropriate box below, and give details as needed.

	I have not been convicted of any offences in the last 12 months.
	I have been convicted of the offences shown below:

DATE	COURT	OFFENCE	RESULT

Your name will appear on a list of the LEA's approved chaperones/matrons, unless you inform us otherwise. Do you agree to your name being placed on the list? Yes/ No

DECLARATION TO BE SIGNED BY THE APPLICANT

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 stated in it anything which I knew to be false or did not believe to be true.

SIGNED	DATE
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This form should be returned, together with two passport sized portrait photographs, to:-

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