



BARNSLEY

Metropolitan Borough Council

CHAPERONE APPLICATION FORM

Children and Young Persons Act 1963
Children (Performance) Regulations 1968
Children (Protection at Work) Regulations 1998
Children (Performances) (Miscellaneous Amendments) Regulations 1998

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

Title – Mr/Mrs/Miss/Ms/Other*	
Surname	
First Name(s)	
Date & Place of Birth	
Address, including full postal code	
Telephone No. (inc STD Code)	
How long at this address?	
If less than five years, please list previous addresses	

Present Employer	
Address	
Type of Work	

Please give details of any other relevant work experience eg teaching, social work, youth work, child minding, nanny, play groups, nursery nurse, or if you have acted in a voluntary capacity such as Cubs/Brownies. Please also provide any other information that you wish to be considered in support of this application. You may continue on another sheet if necessary.

*Delete as appropriate

Please give names and addresses of two referees. One should have known you in a professional capacity.

1.

2.

When approved, your name will appear on a list of Barnsley Education Welfare Services approved chaperones, unless indicated otherwise; do you agree to your name being placed on the list? YES/NO?*

*Delete as appropriate

Declaration to be signed by the Applicant

I hereby declare that the above information is true, to the best of my knowledge.

Signed	Dated
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This form should be returned, together with 2 passport sized photographs to:

Margaret Hutchinson
The Education Welfare Service
Education Services
Berneslai Close
Barnsley S70 2HS

Data Protection Act 1998

The information detailed in this application form will be used in order to fulfil our statutory obligations under the Acts indicated above. Your information may be disclosed to agencies wishing to use your services as a chaperone, however, you will be informed of their identity prior to any disclosure.

Declaration

I consent to BMBC recording and processing the information detailed in this form. I understand that this information may be used by the company in pursuance of its business purposes and my consent is conditional upon BMBC complying with their obligations under the Date Protection Act 1998

Signed	Date
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