

Wandsworth Council
Children's Services Department

CHAPERONE APPLICATION FORM
Children and Young Persons Act 1963 and the Children
(Performances and Activities)(England) Regulations 2014

Education Welfare Service
Wandsworth Council
The Town Hall
Wandsworth High Street
London SW18 2PU
Tel: 020 8871 8306
Email: chaperonelicence@wandsworth.gov.uk

ABOUT YOU	
Title	
First Name	
Last Name	
Address 1	
Address 2	
City	
Post Code	
Telephone (Home/Mobile No.)	
Telephone (Work)	
Date from which approval is required	
Email address	
REFERENCES	
Please supply details of two persons (not family members/partners/partner's family) who have known you for more than 2 years. They must know of your experience of looking after children and your suitability to act as a chaperone. They must NOT know you solely in connection with your dance school or amateur dramatic organisation.	
REFEREE 1	
Title	
First Name	
Last Name	
Address 1	
Address 2	
City	
Post Code	
Telephone (Daytime/Mobile No.)	
Email Address	
REFEREE 2	
Title	
First Name	
Last Name	
Address 1	

Address 2	
City	
Post Code	
Telephone (Daytime/Mobile No.)	
Email Address	
PRESENT EMPLOYER	
Title	
First Name	
Last Name	
Address 1	
Address 2	
City	
Post Code	
Telephone	
Email Address	
PREVIOUS APPROVAL	
Do you intend to work professionally as a chaperone receiving payment other than expenses? (Please indicate)	Yes No
PREVIOUS APPROVAL	
Name of any other Local Authority, which has approved you previously:	
RELEVANT EXPERIENCE IN CARING FOR CHILDREN	
ENCLOSURES & SIGNATURE	
Please enclose one (1) passport size photograph with your application	
Are you registered with the DBS Update Service? (Please indicate).	Yes No
If yes , please provide a copy of your certificate. By doing so, you give permission for us to contact the DBS Update Service.	
If no , an online DBS Application Form will be sent to you separately to complete.	
(If you intend to work professionally as a chaperone, there will a charge of £46. For volunteers, there is a charge of £12. Payment is taken at the time of the DBS application.)	

<p>Signed:</p> <p>Print name:</p> <p>By signing this form, I confirm that the information provided is correct and consent to confidential routine DBS enquiries being carried out by Wandsworth Council.</p>	
<p>Date:</p>	

Your licence may be revoked if you provide incorrect information on this form