APPLICATION FOR RENEWAL OF CHAPERONE LICENCE

Only use this form if your current Chaperone Licence is due to expire and your DBS disclosure is dated within three years.

West Berkshire Council Education Welfare Team Market Street RG14 5LD 01635 551111

The Children and Young Persons Act 1963
The Children (Performance and Activities) (England) Regulations 2014

Please complete all parts of this form clearly, in capitals and return it to the Education Welfare Service, Market Street, Newbury, West Berkshire, RG14 5LD

Surname:				
First name(s):				
Mr/Mrs/Miss/Ms:				
Date of birth:				
Address:				
Telephone number:				
Mobile telephone number:				
E-mail address:				
Date from when renewal is required. If for a specific show please give full details;				
Which Theatre Group / Dance sconnected with?	School are you			
Is there any relevant disability or health condition that would affect your ability to care for children in television, film, modelling, paid sport or theatrical settings?		Yes/No		



Have you had any involvement with Social Services? If so with which Local Authority and in what capacity?				
NB your answer to the above questions will not automatically prejudice your application to be licenced as a chaperone/matron				
Have you been convicted of a criminal offence during the last year, including any traffic offences.	Yes / No If Yes, full details must be supplied.			
I authorise the Education Service to make enquiries, as required, in connection with this application, with the Disclosure and Baring Service, West Berkshire Social Services, Thames Valley Police, The National Probation Service, and any other relevant bodies. I hereby declare that the information I have given in this form, and any attached document, is true, to the best of my knowledge. I declare that the photographs I have submitted are a true likeness of me.				
Signature:	Date:			