



# Hull

Children and  
Young People's Services

## CHAPERONE APPLICATION FORM

Children and Young Persons Act 1963

The Children (Performances and Activities) (England) Regulations 2014.

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) Regulation 1998

Surname		Mr/Mrs/Miss/Ms/Other*
First Names		
Date and Place of Birth		
Address, including full postal code		
Home Telephone No (inc STD Code)		
Mobile Telephone No.		
E-mail address		
How long at this address		
If less than five years please list previous address(es)		
Present Employer		
Address		
Type of Work		
Have you applied for a licence before	Yes/No*	
Do you hold a licence for another authority	Yes/No*	
If Yes please state which authority		
DBS date of issue		
DBS disclosure number		

**(Please note: You must hold a current Enhanced DBS certificate, updated every 3 years before applying for a Hull City Council Chaperone licence).**

You can apply for a current Enhanced DBS through a dance school, a school that you currently work at or through Hull City Council.

Please give details of any other relevant work experience e.g. 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 add anything else that you would wish to add in support of this application. You may continue on another sheet if necessary.

Please give details (name, address, contact number and email address) of two referees, not normally relatives, one of whom should be your current or most recent employer or a professional person.

<u>Referee 1</u> Mr/Mrs/Miss Address:  Postcode: Email address: (preferable)	<u>Referee 2</u> Mr/Mrs/Miss Address:  Postcode: Email address: (preferable)
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**Declaration to be signed by the Applicant**

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

Signed: .....

Date: .....

This form should be returned together with 1 colour passport sized photograph to:

Chaperone licences  
The Education Welfare Service  
Room 128  
The Guildhall  
Alfred Gelder Street  
KINGSTON UPON HULL  
HU1 2AA

Telephone: 01482 613842

**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 Kingston upon Hull Council 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 Kingston upon Hull Council complying with their obligations under the Data Protection Act 1998.

Signature: .....

Date: .....