

RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

APPLICATION FOR CHAPERONE LICENCE

Children and Young Persons Act 1933

The Children (Performances & Activities) (Wales) Regulations 2015

Please complete in **Block Capitals**

(Mr/Mrs/Miss/Ms) SURNAME: FORENAMES:

ADDRESS:

.....

.....POSTCODE

Home Tel number: Work Tel Number: Mobile Number:

OCCUPATION DATE OF BIRTH

EMAIL:

Experience & Qualifications

Have you previously applied for Chaperone approval if YES, please provide the name of the Local Authority applications were made to?

Do you have any relevant qualifications applicable to working with children e.g . teacher, teaching assistant, nursery worker, youth worker etc?

Please state your experience in the care, control and supervision of children:

Do you have a First Aid Qualification?

Do you have a Full UK Driving Licence?

NB: if you do use your own vehicle to transport children you must ensure that you have appropriate business use insurance and that you comply with all relevant legislation.

Health Information

Do you have any health and/or physical conditions that might restrict your ability to act as a Chaperone? YES ☐ NO ☐

If yes, please give details

Email: aws@rctcbc.gov.uk

This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg

Disclosure & Barring Service checks

Due to the nature of the work you are seeking approval for, we need to know if you have any unspent convictions, including traffic offences. Please complete the following as appropriate and give details as required.

I do not have any unspent convictions ☐

I have been convicted of the unspent offences outlined below ☐

Date:	Court:	Offence:	Outcome:

Have you ever been known to Social Services in RCT or another local authority?

YES ☐ NO ☐

If yes, please give details:

I hereby give permission for Rhondda Cynon Taf County Borough Council to carry out checks with other local authorities and other RCT Council departments including social services as part of the approval of a chaperone licence

☐ YES ☐ NO

References

Please provide two references (not family members or friends) who have known you for more than 2 years and are prepared to answer an enquiry as to your suitability to carry out the duties of a Chaperone. One of these should be a recent employer.

1. Name Address: Postcode: Telephone Number: Email (Preferred method of contact): Is this person related to you (including in-laws) Yes <input type="checkbox"/> No <input type="checkbox"/> Context in which known:	2. Name Address: Postcode: Telephone Number: Email (Preferred method of contact): Is this person related to you (including in-laws) Yes <input type="checkbox"/> No <input type="checkbox"/> Context in which known:
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Do you intend to work professionally as a Chaperone receiving payment other than expenses? Yes ☐ No ☐

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Declaration:

I apply to Rhondda Cynon Taf County Borough Council for approval as a Chaperone for Children in entertainment under the Act and Regulations. I consent to reference checks and a Disclosure and Barring Service check being carried out. 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 willfully state anything I know to be false or do not believe to be true.

Should you omit to disclose relevant information that is later discovered by this Council this could result in your licence being suspended or revoked therefore please answer all questions truthfully and provide as much information as possible. The information provided may be confirmed with other local authorities and other RCT departments, subject to your agreement to the same.

Please note if you do not give permission for us to request safeguarding information from other local authorities or internal RCT departments you will be invited to meet with us to explain why you have withheld permission and this may result in your application not being successful. This information is crucial when considering your ability and suitability to care for children in line with The Children (Performances & Activities) (Wales) Regulations 2015 and Children and Young Persons Act 1933/63 Act.

Signed: Print Name:

Date:

Data Protection

The information you have provided will be processed by Rhondda Cynon Taf County Borough Council under the Data Protection Act 2018, in line Article 6 (1) (e) if the General Data Protection Regulation to perform a specific task in the public interest, that is set out by law. The information provided to us will be treated as confidential but may be used by the Council or disclosed to other when required by law.

As part of your application, reference checks and a Disclosure and Barring Service check will be carried out. The licences of successful applicants will be shared with other Local Authorities where appropriate.

By signing below, I agree to the paragraphs outlined above:

Signed _____ Print _____
Name _____
Date _____

For further information on how Rhondda Cynon Taf County Borough Council manage personal information, see our privacy notice below;

<https://www.rctcbc.gov.uk/EN/Help/PrivacyStatement.aspx>

Email: aws@rctcbc.gov.uk

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