



RHONDDA CYNON TAFF COUNCIL

**APPLICATION FOR CHAPERONE LICENCE**

Children and Young Persons Act 1933 and 1963  
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

References	
<p><b>Please provide two references (not family members) 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.</b></p>	
1. Name Address: Postcode:  Telephone Number: Email (Preferred method of contact):  Context in which known:	2. Name Address: Postcode:  Telephone Number: Email (Preferred method of contact):  Context in which known:

Do you intend to work professionally as a Chaperone receiving payment other than expenses? Yes  No

**Declaration:**

I apply to Rhondda Cynon Taff 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

Signed: ..... Print Name:.....

Date:.....

**Data Protection**

The information you have provided will be processed by Rhondda Cynon Taff 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.

In Signing the below, I understand that I will be liable to prosecution etc....

Signed \_\_\_\_\_ Print \_\_\_\_\_  
 Name \_\_\_\_\_  
 Date \_\_\_\_\_

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

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

# Self-disclosure form: Part 1

*For completion by the organisation*

**Private and confidential**

Name of candidate/person:	
Previous name(s):	
Address and postcode:	
Telephone/mobile no:	
Date of birth:	
Gender:	
Identification (tick box below):	
<input type="checkbox"/>	I confirm that I have seen identification documents relating to this person, and I confirm to the best of my ability that these are accurate.
1. UK passport with details of issuing office <b>or</b> non-UK passport with work permit/visa	
2. UK photo-card driving licence and paper counterpart	
3. Proof of National Insurance number or current work permit number	
4. Proof of home address and postcode	
<b>Signature of authorised employing officer:</b>	
<b>Print name:</b>	
<b>Date:</b>	

**Elaine Howells, Attendance and Well Being Service, Ty Trevithick, Abercynon, Mountain Ash. CF45 4UQ**

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

# Self-disclosure form: Part 2

*For completion by the candidate/person named in Part 1*

**This form is to be completed by all candidates at the point that an offer of employment / volunteering is made.**

If the role you are in or have applied for involves frequent or regular contact with or responsibility for children, you will also be required to provide a valid DBS (Disclosure and Barring Service) certificate, which will provide details of criminal convictions. This may also include a barred list check depending on the nature of the role (see organisational guidance about eligibility for DBS checks).

All information you provide will be treated as confidential and managed in accordance with relevant data protection legislation and guidance. You have a right of access to information held on you under the current Data Protection legislation.

Have you ever been known to any children's services department or to the police as being a risk or potential risk to children?	Yes / No
If yes, please provide further information:	
Have you been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards children?	Yes / No
If yes, please provide further information and include details of the outcome:	
Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amended) 2013?	Yes / No
If yes, please provide further information:	

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<b>Confirmation of declaration</b> (tick box below)	
<input type="checkbox"/>	I agree that the information provided here may be processed in connection with recruitment purposes and I understand that an offer of employment may be withdrawn or disciplinary action may be taken if information is not disclosed by me and subsequently come to the organisation's attention.
<input type="checkbox"/>	In accordance with the organisation's procedures if required I agree to provide a valid DBS certificate and consent to the organisation clarifying any information provided on the disclosure with the agencies providing it.
<input type="checkbox"/>	I agree to inform the organisation within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children or young people.
<input type="checkbox"/>	I understand that the information contained on this form, the results of the DBS check and information supplied by third parties may be supplied by the organisation to other persons or organisations in circumstances where this is considered necessary to safeguard children.
<b>Signature of candidate:</b>	
<b>Print name:</b>	
<b>Date:</b>	