

APPLICATION TO REGISTER AS A CHAPERONE

THE CHILDREN (PERFORMANCES AND ACTIVITIES) (ENGLAND) REGULATIONS 2014

"The Licensing Authority must not approve a person as a chaperone unless it is satisfied that the person is suitable and competent..." (Regulation 15(4) (a), The Children (Performances and Activities) (England) Regulations 2014)

Data Protection Act 1998 - The information collected may be shared with relevant colleagues within the City Council and other relevant parties in order to establish your suitability.

Please complete this form in type or block capitals

Surname		Mr/Mrs/Miss/Ms (Delete as appropriate)	
Forenames			
Maiden Name or Previous Surnames		Date of Birth	
Present Address, (including full post code)			
Previous Address (If at present address less than 5 years)			
Telephone No.	(Day)		(Evening)
Email Address (If applicable)			

Current/Previous Employment:

Dates	Job Title	Employer Address

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Qualifications:

Year	Subject	Qualification

General Information:

Have you previously been an Approved Chaperone?	
Are you a registered Child Minder or Foster Carer?	
If yes to either of these, please give the name and address of approving Authority.	
Do you have a current first aid qualification?	
If yes, please give details.	
Do you have an Enhance DBS Disclosure Certificate for working with children which is less than 3 months old and has been issued by Birmingham City Council?	
Do you have any unspent criminal Convictions?	
If yes, please give details:	
Do you have a health condition or disability that might have a bearing on your application?	
If so, please give details.	

References:

Please give the Names, Addresses, Telephone Number and Email Addresses of two responsible persons who would be prepared to give you references as to your suitability to be a chaperone. At least one of these should know you in a professional capacity. Please state in what capacity the person is known to you.
1
1.
2
2.

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Experience:

our applica	details of relevant experie ation.	nce (paid or voluntary)	, of working with childre	en to supp
eason for	Application:			
Please st:	ate your reason for applyir		sh to have your name a	added to
our Public		ig and whether you wi	on to have your name t	added to
	In order to assist us in monitoring	ng the effectiveness of our	Equal Opportunities Policy	
		ted to give the following inf		
Ethnic Origi	n: I would describe my ethnic origi	in as: (Please tick appropriate	e box)	
White	UK	Black	African	
	European Irish		African Caribbean Other	
	Other		Other	
		Mixed		
	Indian	Any Other Grou	up	
Asian				
Asian	Pakistani	(Please state)		
Asian	Bangladeshi	(Please state)		
Asian	Bangladeshi Chinese	(Please state)		
Asian	Bangladeshi	(Please state)		
	Bangladeshi Chinese Vietnamese Other	` , , , , , , , , , , , , , , , , , , ,	Date:	
	Bangladeshi Chinese Vietnamese	` , , , , , , , , , , , , , , , , , , ,	Date:	
	Bangladeshi Chinese Vietnamese Other	` , , , , , , , , , , , , , , , , , , ,		

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