

Chaperone Licence Application Process

Telephone: 01634 337310
Email: childperformance@medway.gov.uk

1. Complete the Chaperone Licence application form.
2. Email or post your application form and a recent and suitable passport-style photo (smiling is permitted) to: childperformance@medway.gov.uk
or post to: Child Employment and Performance Officer, Attendance Advisory Service, Gun Wharf, Dock Road, Chatham, Kent, ME4 4TR
3. The office will process your initial application and contact you to arrange a date and time for an ID check, this will take place during office hours Tuesday - Thursday at:
Gun Wharf, Dock Road, Chatham, Kent, ME4 4TR
This is a short meeting and will take no longer than 15 minutes, you must bring **3 forms of identification** from the table below:
 - 1 document from Group 1
 - 2 further documents from any group
 - (at least one of which must verify your current address)

Group 1 - Primary Trusted Identity Credentials	Group 2a - Trusted Government/State Issued Documents	Group 2b - Financial/Social History Documents
Current Valid Passport	Reissued Birth Certificate	Mortgage Statement**
Driving Licence (Photo Card – Full or Provisional)	Driving Licence (Paper Licence before 1998 – NOT Counterpart)	Bank Statement or Account Opening Confirmation*
Biometric Residence Permit	Marriage Certificate	Credit Card Statement*
Original Birth Certificate	HM Forces ID Card	P45 or P60 Statement**
Adoption Certificate	Firearms Licence	Council Tax Statement**
<p><i>Please Note:</i> * Issued in the last 3 months ** Issued in the last 12 months</p>		Work Permit or Visa
		Utility Bill*
		Benefit Statement*
		Cards carrying the PASS logo

4. Following the ID verification, you will receive an email with log in details for you to complete your online DBS application. Please complete this ASAP.
5. Once you receive your DBS certificate in the post you must then contact the office and send a scanned copy or clear photograph of your certificate.
6. Provided that your references have been returned and we are happy with your application and DBS certificate you will receive an email with a link to an online form for you to confirm that you are still aware of the child performance and chaperoning regulations since your last session.
7. Your licence will be issued to you upon the completion of the online form and will last for 3 years from the issue date of your DBS certificate.

Please be aware that we are only able to accept an existing DBS certificate if the registered body is 'Medway Council'. The chaperone licence will run for 3 years from the issue date of the DBS certificate.

Chaperone applications vary dependent on applicant and can take from 1 to 4 months to fully complete. Please allow plenty of time for your application.

Application to act as Chaperone

Children and Young Persons Act 1963
Children (Performance) Regulations 1968
The Children (Performances and Activities) Regulations 2014

**PLEASE COMPLETE ALL INFORMATION AS REQUESTED
USING BLOCK CAPITALS**

Title	Mr/Mrs/Ms/Miss
Legal Surname	
Legal First Name(s)	
Any Previous Surname(s)	
Telephone Number	
Email Address	
Date of Birth	
Place of Birth	
Full Address	
How long have you lived at this address?	
Date of first performance that you require your licence and name of Production Company	Date: Production Company/School:
Present employer	
Type of Work	
Have you ever been approved as a chaperone? If so, please state which local authority and expiry date of previous licence	Yes/No If yes, Local Authority and Expiry Date:
Have you taken any child protection training?	
Would you be willing to undertake training?	
Do you have any health condition that might have a bearing on your application? If so, please provide details.	

Please give the name, address and contact details of two people who would be prepared to give you a reference as to your suitability to be a chaperone. At least one of these should know you in a professional capacity (e.g. last or present employer). Please state in which capacity each person is known to you.

N.B. These must not be related or in a personal relationship to you. They must also live at a separate address

1. Mr/Mrs/Miss

Name

Address

..... Post Code

Tel. Number

Email Address

Capacity in which known.....

Preference of Contact (please delete as appropriate): Letter by post / Email

2. Mr/Mrs/Miss

Name

Address

..... Post Code

Tel. Number

Email Address

Capacity in which known.....

Preference of Contact (please delete as appropriate): Letter by post / Email

Please give details of any other work experience (e.g. teaching, social work, youth work, child minding, nanny, playgroups, nursery nurse, or if you have acted in a voluntary capacity, such as with cubs/brownies). Please also add anything else that you would wish to add in support of this application.

Due to the nature of the work, we will need to apply to the Disclosure and Barring Service for an enhanced disclosure, Medway Council will supply the details for your online application once you have completed your ID check.

In most cases, chaperones are not paid; in which case there is no charge for the disclosure. However, if you are to be employed as a professional chaperone, then a charge of **£54.00** is payable. **Please delete below as applicable.**

I will be employed as a voluntary chaperone.

I will be employed as a professional chaperone and enclose a cheque for £54.00 payable to Medway Council.

If you already hold a current, enhanced DBS disclosure through **Medway Council** please include a photocopy with your application.

Note: A chaperone's licence lasts for three years. After this period, it will be necessary to reapply.

	Please tick as appropriate (All must be agreed to process this application)
I am happy in the knowledge that all above information is being used solely for the purpose of my application to become a chaperone and will be treated in confidence.	
On completion of my licence, I am happy for my name and licence expiry date to be shared with other local authorities upon request where I am chaperoning.	
I hereby declare that the above information is true, to the best of my knowledge. I understand that I would be liable to prosecution if I wilfully stated in it anything, which I knew to be false, or did not believe to be true.	
Signature:	Date:

When you have completed this application form, please send to the Attendance Advisory Service together with 1 passport style photo to the email address below, or post to the address below.

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E-mail: **childperformance@medway.gov.uk**

Child Employment and Performance Officer
Attendance Advisory Service
Medway Council
Gun Wharf
Dock Road
Chatham
Kent
ME4 4TR