

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

## **Application for Approval as Matron/Chaperone**

## STRICTLY CONFIDENTIAL

Name of Group Associated with:				
(e.g. Theatre Group, Drama Group, Operatic Group	, Dance Sch	ool etc.)		
	<u></u>	,		
Section One				
Surname: (Block Letters)		ate of Birth:		
Full Forenames: (Block Letters)	<u>P</u> ı	refix: (Mr, Mrs, Miss, M	s etc)	
Correspondence Address:	H	ome Address: (If differ	ent)	
	E	mail Address:		
Home Telephone:	Al	Iternative Tel: (Work/N	lobile)	
Have you been known by a different name or cha	nged your r	name by Deed Poll?	Yes	No
(If yes, please provide details)				
v				
Have you been employed previously as a "Matro Authority or others?	on/Chaperor	ne" in either this	Yes	☐ No
(If yes, please provide details)				
Authority From	То	Details		

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About this Application				
Is this application for a Professional or Volunteer Chap	perone role?			
Do you hold an Enhanced DBS certificate registered w Update Service?	ith the Yes No			
Asylum and Immigration Act 1996				
The Asylum and Immigration Act 1996 makes it a criminal those who do not have permission to live or work in the Undocumentary evidence of their right to work in the United K	ited Kingdom. Applicants will be required to provide			
Do you have the right to live and work in the United Kir	ngdom? Yes No			
National Insurance Number				
Applicants with Disabilities  Westmorland and Furness Council will guarantee to interview all disabled applicants who meet the essential criteria for the post for which they are applying. The Disability Discrimination Act 1995 defines a disabled person as 'An individual who has a long term physical or mental impairment which has substantial adverse effect on their ability to carry out day to day activities'.  Do you consider yourself to be disabled under the Disability Discrimination  Act?  (If yes, please list below any reasonable adjustments you would request)  During the interview process:  In carrying out the role for which you are applying:				
Applicants with Health Conditions  Do you have any health conditions, which may affect you have any health conditions, which may affect you have any health conditions, which may affect you have any health conditions.  If yes, please describe below:	your application/ ability to care for children?			

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Rehabilitation of Offenders Act 1974				
Have you ever been convicted of a criminal offence?		Yes		No
Your attention is drawn to the fact that the position for whi (2) of the Rehabilitation of Offenders Act 1974 by the virtu Therefore you must disclose information about any convic of the Act. You are required to disclose any conviction agamust give details of offences for which you have been cor imposed. Any information given will be completely confidences disclose convictions, which come to light subsequently, m	ie of ti ctions ainst y nvicted ential a	he Reh which f ou hov d includ and onl	abilita for any vever ling th y cons	tion of Offenders Act (Exceptions) Order 1975.  of other purpose are "spent" under the provisions minor and including road traffic offences. You leed at e of the conviction and the sentence sidered in relation to this application. Failure to
If yes, please specify date of conviction, court, nature of o				
Section Two				
References				
When providing details of referees applicants must pro- employer or if unemployed your last employer. Where p from the same organisation or employer. All referees sl be from a spouse, partner, friend or relation or from Council may contact referees for verification. Please er application form.	oossik hould n <b>som</b>	ole refe have k neone v	rences nown <b>vith w</b>	s should be from separate sources and not you for at least one year or more and cannot whom you live. Westmorland and Furness
Full name		Full na	me	
Job title		Job titl	e	<u> </u>
Capacity in which known		Capac	ity in v	which known
Address		Addres	SS	
	_			
Email		Email		
Telephone Number		Teleph	one N	Number
Can we contact prior to interview? Yes N	10	Can w	e cont	tact prior to interview? Yes No

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**Qualifications**Please give details of any relevant qualifications.

Date	Subject/Area	Qualification
Present Er	mployment (Current or most recent empl	loyment details)
Name and ad	dress of employer	
Job title	Date o	of appointment
		у арренинен
Previous I	Employment Details	
Dates	Job title	Employer address

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Give below detai professional cap	Is of any relevant experience of working with children in either a voluntary or acity.
ection Th	ree
dditional Info	rmation
pplicants are end ave been gained	couraged to use this section to provide details of skills, qualifications and experience that outside of the workplace, for example voluntary work or spare time activities:



## **Declaration**

To the best of my knowledge I declare that the information contained in this application form is accurate and correct.

The post for which I am applying requires me to work with children. I hereby agree to enquiries made with Children's Social Care and an enhanced disclosure being made by the Disclosure and Barring Service about the existence and content of a criminal record, spent or otherwise.				
Signed:	Date:			
	and and Furness Council of any Change of name circumstances that may affect my ability to effect			
Signed:	Date:			
(Please ensure signatures are e-siç	gnatures or handwritten. Typed signatures are no	t accepted)		
Please return this form via email toge completed safeguarding certificate	ether with two passport sized photographs and a	copy of the		

yvette.jackson@westmorlandandfurness.gov.uk