

**APPLICATION FOR APPROVAL  
AS CHAPERONE/MATRON**



Application to the Portsmouth City Council for approval to act as chaperone to children who take part in performances under The Children and Young Persons Act 1963. Section 37 and The Children (Performances) (Miscellaneous Amendments) Regulations 1998.

Your attention is drawn to the fact that prior to your approval, Portsmouth City Council operates a procedure to protect the position of children taking part in performances. It is a requirement that applicants become familiar with the guidance information for chaperones and their background is checked through the Criminal Records Bureau.

Please complete and return this form along with 2 recent passport size photographs. On receipt of the application I will contact you and arrange to meet for completion of the CRB check form and to discuss the duties of chaperone.

Full Name ..... (Mr/Mrs/Ms/Miss).....

Previous Married  
Maiden Name ..... or Other Names .....

Date of Birth ..... Place of Birth .....

Present Address .....

.....

Post Code ..... Telephone Number .....

Provide any previous addresses where you have lived the last 5 years

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If previously registered as a  
chaperone, which Local Authority? .....

Have you a record of any criminal convictions, cautions or pending court action? .....  
(If Yes please give details)

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(Continued overleaf)

Give brief details of previous experience with children to support your suitability to be a chaperone

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Do you have a full driving licence? .....

Do you have a First-Aid qualification? .....

Have you received any Child Protection Training? .....

If there is any other information that you think may be relevant to this application please give details

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Name and full address of two referees who have knowledge of your experience and suitability to undertake the responsibilities of caring for children. (**Not immediate family**).

1) .....  
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2) .....  
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I consent to Portsmouth City Council carrying out a check with the Criminal Records Bureau in connection with this application for approval as chaperone. I have read and understand the guidance notes on the duties of a chaperone.

SIGNATURE .....DATE .....

This form should be returned marked **Confidential** to:  
Child Employment Officer - Dame Judith Professional Centre, Sundridge Close, Cosham.  
Portsmouth PO6 3JL Telephone: 023 9220 1118 mike.harding@portsmouthcc.gov.uk