**THE CHILDREN (PERFORMANCES AND ACTIVITIES) (ENGLAND) REGULATIONS 2014 STRICTLY CONFIDENTIAL**



**Application for Approval as Matron/Chaperone**

**Name of Group Associated with:** (e.g. Theatre Group, Drama Group, Operatic Group, Dance School etc.)

**Section One**

**Surname:**

(Block Letters)

**Full Forenames:**

(Block Letters)

**Date of Birth:**

**Prefix:** (Mr, Mrs, Miss, Ms etc)

**Correspondence Address: Home Address:** (If different)

**Email Address:**

**Home Telephone:**

**Alternative Tel: (Work/Mobile)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Have you been known by a different name or changed your name by Deed Poll?**  (If yes, please provide details) | Yes | No |
|  |  |  |
| **Have you been employed previously as a “Matron/Chaperone” in either this Authority or others?** (If yes, please provide details) | Yes | No |
| **Authority From To Details** |  |  |
|  |  |  |
|  |  |  |
|  | **About this Application** |  |  |
|  | **Is this application for a Professional or Volunteer Chaperone role?** |  |  |
|  |  |  |  |
|  | **Do you hold an Enhanced DBS certificate registered with the Update Service?** | Yes | No |

**Asylum and Immigration Act 1996**

The Asylum and Immigration Act 1996 makes it a criminal offence for Cumberland Council to employ those who do not have permission to live or work in the United Kingdom. Applicants will be required to provide documenta- ry evidence of their right to work in the United Kingdom if invited to interview.

**Do you have the right to live and work in the United Kingdom?**

Yes No

**National Insurance Number**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

**Applicants with Disabilities**

Cumberland 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)

Yes No

**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 your application/ ability to care for children?**

If yes, please describe below:

Yes No

**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 which you are applying is excluded from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by the virtue of the Rehabilitation of Offenders Act

(Exceptions) Order 1975. Therefore you must disclose information about any convictions which for any other purpose are “spent” under the provisions of the Act. You are required to disclose any conviction against you however minor and including road traffic offences. You must give details of offences for which you have been convicted including the date of the conviction and the sentence imposed. Any information given will be completely confidential and only considered in relation to this application. Failure to disclose convictions, which come to light subsequently, may result in the withdrawal of the application.

If yes, please specify date of conviction, court, nature of offence and sentence imposed

**Section Two**

**References**

When providing details of referees applicants must provide two references. One reference should be from your current employer or if unemployed your last employer. Where possible references should be from separate sources and not from the same organisation or employer. All referees should have known you for at least one year or

more and cannot be from a spouse, partner, friend or relation or from someone with whom you live. Cumberland Council may contact referees for verification. Please ensure that you have permission to provide their details on the application form.

**Full name Job title**

**Full name Job title**

**Capacity in which known**

**Address:**

**Capacity in**

**which known Address:**

**Email Address:**

**Telephone Number**

**Can we contact prior to interview?**

Yes No

**Email Address:**

**Telephone Number**

**Can we contact prior to interview?**

Yes No

**Qualifications**

Please give details of any relevant qualifications.

**Date Subject/Area Qualification**

**Present Employment**

(Current or most recent employment details)

**Name and address of employer**

**Job title**

**Date of appointment**

**Previous Employment Details**

**Date Job title Employer address**

**Give below details of any relevant experience of working with children in either a voluntary or professional capacity.**

**Section Three**

**Additional Information**

Applicants are encouraged to use this section to provide details of skills, qualifications and experience that have been gained 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

**I declare that I will notify Cumberland Council of any Change of name, address any Criminal convictions or change in circumstances that may affect my ability to effectively carry out the duties of a Chaperone.**

Signed Date

Please return this form **together with one passport sized photographs signed and dated to:**

email: [childemployment@cumberland.gov.uk](mailto:childemployment@cumberland.gov.uk)

post: Child Employment and Entertainment Officer, Cumbria House, 117 Botchergate, Carlisle. CA1 1RD

Email preferred but if you are not able to email your application, please allow extra time for postal application. You will receive instructions for accessing the online safeguarding course once your application is processed.