

# Bolton Council

**EARLY INTERVENTION AND CONNEXIONS SERVICE  
THE CHILDREN (PERFORMANCES) REGULATIONS 1968  
APPLICATION FOR APPROVAL AS A CHAPERONE**

1. Surname ..... Forename(s) .....
- Address .....
- .....
- Post Code ..... Date of Birth .....
- Tel No (Home) ..... Work .....
- Previous address in past 5 years .....
- .....

2. Have you been employed previously as a 'Chaperone' in either this Authority or any other(s)?  
If so, please give details below:

Authority	From	To	Details

3. Have you previously been approved as a registered child minder or foster carer? If so, which Local Authority/Agency gave approval?  
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Please give details of any relevant experience of working with children in either a voluntary or professional capacity.

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4. Do you have a First Aid qualification? .....
5. Do you have a valid driving licence? .....
6. Does your car insurance allow you to carry passengers whilst you are employed as chaperone? If so, please give details.  
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7. Are you registered disabled? .....
8. Do you have a health condition, which might have bearing on your application? If so, please give details.  
.....
- .....

9. Please give below the names, addresses and occupation/relationship of two referees.

1. .... 2. ....  
.....  
.....

Tel No. .... Tel No. ....

10. Have you ever been convicted of any criminal offence? Yes/No (Delete as appropriate)

Your attention is drawn to the fact that under the Rehabilitation of Offenders Act 1974 you may be entitled to answer 'no' to this question even if you have, in the past, been subjected to criminal proceedings resulting in conviction(s). However, certain types of employment are excluded under the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975, from the protection of the Act. It is, therefore, suggested that you take appropriate advice if you are in any doubt as to the correct answer to give.

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

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Two passport size photographs must accompany this application. If granted, this Authority will be valid for a period of three years.

I confirm that the information given overleaf is correct. I understand that the Authority will need to make further enquiries regarding any possible convictions I may have. I also understand that I would be liable to prosecution if I wilfully stated in it anything I knew to be false or did not believe to be true.

Signed ..... Date .....

Please print name .....

Please give disclosure number of any current CRB Enhanced Disclosure held by applicant issued by Bolton Council:

The Early Intervention & Connexions Service receives requests from theatres and production companies to supply them with details of our authorised Chaperones. This is in order that they can contact the Chaperones to offer short-term employment. Further discussions are then strictly between the enquirer and the Chaperone.

Should your application be successful do you want us to release your name, address and telephone number to theatres and production companies? Your decision on this matter may be changed at any time by notifying this office in writing.

Yes ..... Signature  
No ..... Signature

Please sign the relevant section and delete the other.

Please return this form to:  
Child Employment and Enforcement Officer  
Early Intervention and Connexions Service  
The BASE  
Marsden Road  
Bolton BL1 2PF  
Tel: 01204 338173