

CHAPERONE AGREEMENT

Name: DOB:

Email address:

Group for which you Chaperone:

Chaperone Application

New

Renewal How many years as a chaperone?

Safeguarding Training – tick as appropriate:

I have undertaken Safeguarding Training:

on (date) at (venue)

by (training provider)

I have **NOT** undertaken Child Protection Training within the last three years but I am willing to do so.

DBS Certificate

I have a current DBS Certificate No: Issue Date:

I give my consent for my DBS to be checked via the Government Update Service.

Signed: Date:

Registered Chaperone Bank

I give permission for my contact details to be held on a Norfolk County Council 'Registered Chaperone Bank', so I can be contacted for Chaperone duties by other organisations, for the duration of my Licence.

Signed: Date:

I understand the duties and responsibilities placed upon me as a chaperone and agree to accept these.

Signed: Date:

In presence of
Child Employment Officer

Date: