### PRIVATE AND CONFIDENTIAL

# REFERENCE FORM

**FOR**

**CHAPERONE**



|  |  |
| --- | --- |
| **NAME OF APPLICANT** |  |
| **NAME OF REFEREE**  |  |
| **POSITION** |  |
| **ADDRESS** |  |
|  |  |
| **TELEPHONE NUMBER** |  |
| **EMAIL ADDRESS** |  |

1. **How long have you known this person and in what capacity e.g. work colleague, friend, manager and supervisor?**
2. **Please give your assessment as to the applicant’s suitability to care for children within the performance industry? Continue overleaf if necessary.**
3. **The position for which this person is being considered gives access to children and young people and also may involve the possession of sensitive information. Is there any reason why this person should not undertake these responsibilities? (Remember this position is exempt from the provisions of the Rehabilitation of Offenders Act 1974 with regard to ‘spent’ convictions).**

**Signed**.............................................................. **Date**  .............................................

**General Data Protection Regulation (GDPR) (EU) 2016/679**

The information given above will be used solely for the purpose for which it was given. It will be held confidentially and destroyed when no longer required.

Please return to:

**CHAPERONE APPLICATIONS, LICENSING SERVICE,**

**BLOCK C STANIFORTH ROAD DEPOT, STANIFORTH ROAD,**

**SHEFFIELD, S9 3HD.**

E-mail: childpermits&licences@sheffield.gov.uk. Tel: 0114 2734264