**CHAPERONE LICENCE (VOLUNTEER)**

**DECLARATION**

Surname**:** Click or tap here to enter text.

First Name(s): Click or tap here to enter text.

Title: Click or tap here to enter text. Date of birth: Click or tap here to enter text.

Address: Click or tap here to enter text.

Post Code: Click or tap here to enter text.

Home Tel. No.: Click or tap here to enter text. Mobile: Click or tap here to enter text.

**DECLARATION:**

**I am applying for a Chaperone Licence as a volunteer and will receive no payment for chaperoning. I confirm that I do not intend to gain payment for any chaperoning duties for the period of my licence.**

**Signature:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

***Please return this form to:***

School and Family Support Team

NPTCBC

Civic Centre

Port Talbot

SA13 1PJ

e-mail: [sfs@npt.gov.uk](mailto:sfs@npt.gov.uk)