

CHAPERONE FORM

NAME OF CHAPERONE

ADDRESS

MOBILE PHONE

PLEASE INDICATE THE DAYS/TIMES YOU ARE LIKELY TO BE AVAILABLE

IF YOU ARE WILLING TO TRANSPORT CHILDREN IN YOUR OWN CAR PLEASE COMPLETE THE FOLLOWING SECTION

DRIVING LICENCE NUMBER

EXPIRY DATE

NAME OF CAR INSURANCE COMPANY

POLICY NUMBER

I HAVE _____ 3-POINT SEAT BELTS FOR PASSENGERS

I HAVE _____ BOOSTER SEATS

I have checked with my insurance company and confirm that i am covered to drive children on school trips.

I confirm that I have a valid motor vehicle insurance policy for the vehicle in which I intend to carry children and that it has a certificate of roadworthiness.

SIGNED

DATE

PLEASE LEAVE THE REMAINDER OF THE FORM BLANK FOR ROB TO COMPLETE

CRIMINAL RECORDS BUREAU (CRB) NUMBER:

PHOTOCOPY OF DRIVING LICENCE ATTACHED

YES

NO

PHOTOCOPY OF *CURRENT* CAR INSURANCE ATTACHED

YES

NO

FIRST AID CERTIFICATE ATTACHED

YES

NO
