**APPLICATION FOR A BODY OF PERSONS APPROVAL**

**Taking place within the Suffolk County Council Boundary**

**Children and Young Persons Act S.37(3)(b)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **DETAILS OF PERFORMANCE / EVENT** | | | | | | | | | | | | |
| **Name of Performance / Event / Competition etc.** | | | |  | | | | | |  | | | | |
| **Performance Location**  **(incl. Postcode):** | | | |  | | | | | |  | | | | |
| **Performance Date(s)** | | | |  | | | | | |  | | | | |
| **Performance Time(s)** | | | |  | | | | | |  | | | | |
| **Rehearsal Location**  **(incl. postcode):** | | | |  | | | | | |  | | | | |
| **Rehearsal Date(s)** | | | |  | | | | | |  | | | | |
| **Rehearsal Time(s)** | | | |  | | | | | |  | | | | |
|  | | **DETAILS OF PARTICIPANT GROUP** | | | | | | | | | | | | |
| **Name of participant group (eg. dance/theatre group)** | | | |  | | | | | |  | | | | |
| **Address of Participant group** | | | |  | | | | | |  | | | | |
| **Name of Lead Person** | | | |  | | | | | |  | | | | |
| **Telephone No(s)** | | | |  | | | | | |  | | | | |
| **Email Address** | | | |  | | | | | |  | | | | |
|  | | **DETAILS OF CHILDREN – insert number of children** | | | | | | | | | | | | |
|  | | | | Male | | | | | Female | | Other Identification\* | | No. of Chaperones | |
| Age 0 – 4 | | | |  | | | | |  | |  | |  | |
| Age 5 – 9 | | | |  | | | | |  | |  | |  | |
| Age 9 – 16 (and not reached compulsory school leaving age | | | |  | | | | |  | |  | |  | |
| \*Not all children and young people will identify as male and female | | | | | | | | | | | | | | |
|  | | **Number of children not living in Suffolk and local authorities which they reside** | | | | | | | | | | | | |
| **Local Authority** | | | | | | | | | | |  | | **Number of Children** | |
|  | | | | | | | | | | |  | |  | |
|  | | | | | | | | | | |  | |  | |
|  | | | | | | | | | | |  | |  | |
|  | | | | | | | | | | |  | |  | |
|  | | | | | | | | | | |  | |  | |
|  | | | | | | | | | | |  | |  | |
|  | | | | | | | | | | |  | |  | |
|  | | **DETAILS OF LOCAL AUTHORITY APPROVED CHAPERONES**  Chaperones must have licences with them on performance days in the event of an inspection by the Local Authority | | | | | | | | | | | | |
| Names of Authorised Chaperones present  (incl. Licence Number) |  | | Date Present | | | |  | Expiry date of licence | | |  | |  | Name of Authority which approved chaperone |
|  |  | |  | | | |  |  | | |  | |  |  |
|  |  | |  | | | |  |  | | |  | |  |  |
|  |  | |  | | | |  |  | | |  | |  |  |
|  |  | |  | | | |  |  | | |  | |  |  |
|  |  | |  | | | |  |  | | |  | |  |  |
|  |  | |  | | | |  |  | | |  | |  |  |
|  |  | |  | | | |  |  | | |  | |  |  |
|  |  | |  | | | |  |  | | |  | |  |  |
|  |  | |  | | | |  |  | | |  | |  |  |
|  | | **DETAILS OF ADDITIONAL SUPERVISING ADULTS – Parent(s)** | | | | | | | | | | | | |
| Name of Supervising Adult (this can either be the child’s own parent or \*Teacher / Teaching Assistant (\*from the school they would ordinarily attend) this does not include Dance School Teachers | | | | |  |  | | | | | | State whether Parent or \*Teacher / Teaching Assistant | | |
|  | | | | |  |  | | | | | |  | | |
|  | | | | |  |  | | | | | |  | | |
|  | | | | |  |  | | | | | |  | | |

I have obtained, and will have available at the event, a register of the children involved together with a list of emergency contact numbers for each child.

I have checked chaperone approval licences and will ensure chaperone licences will be available at the event in case of a local authority inspection.

I have obtained a signed statement of fitness from each child’s parent and have informed the responsible organisation of children with any special/medical needs.

I have read and will adhere to the requirements of the safeguarding instructions provided by the responsible organisation. All relevant safeguarding information has been communicated to Licensed Chaperones or Teacher(s) / Teaching Assistant(s).

Signed: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:

Position within organisation: