**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 Address (incl. Postcode):** | | |  | | | | | | | |
| **Performance Date(s)** | | |  | | | | | | | |
| **Performance Time(s): Start – Finish (of each performance)** | | |  | | | | | | | |
| **Rehearsal Location Address (incl. postcode):** | | |  | | | | | | | |
| **Rehearsal Date(s)** | | |  | | | | | | | |
| **Rehearsal Time(s)**  **(Start – Finish)** | | |  | | | | | | | |
| **DETAILS OF GROUP** | | | | | | | | | | |
| **Name of Group (eg. dance/theatre group)** | | |  | | | | | | | |
| **Address of 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** | | | | | | | | | | |
| **Number of Children** | | | | | | | **Local Authority** | | | |
|  | | | | | | |  | | | |
|  | | | | | | |  | | | |
|  | | | | | | |  | | | |
|  | | | | | | |  | | | |
|  | | | | | | |  | | | |
|  | | | | | | |  | | | |
|  | | | | | | |  | | | |
| **DETAILS OF LOCAL AUTHORITY APPROVED CHAPERONES: only provide Approved Licensed Chaperones undertaking chaperone duties for this event.**  Chaperones must have licences with them on performance days in the event of an inspection by the Local Authority. | | | | | | | | | | |
| Names of Authorised Chaperones present for event | | Date Present | | | Chaperone Licence Number | | Expiry date of Chaperone licence | | | Name of Authority which approved chaperone licence |
|  | |  | | |  | |  | | |  |
|  | |  | | |  | |  | | |  |
|  | |  | | |  | |  | | |  |
|  | |  | | |  | |  | | |  |
|  | |  | | |  | |  | | |  |
|  | |  | | |  | |  | | |  |
|  | |  | | |  | |  | | |  |
|  | |  | | |  | |  | | |  |
|  | |  | | |  | |  | | |  |
| **NAMES OF ADDITIONAL CHAPERONING ADULTS** | | | | | | | | | | |
| Name of Additional chaperoning Adults (this can only 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 prior to application being submitted 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 Approved Licensed Chaperones / Named Parent Chaperones / Teacher(s) Chaperones / Teaching Assistant(s) Chaperones.

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

\*\* This is not an online application and requires a signature

Print Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Position within organisation: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**