## **BODY OF PERSONS APPROVAL - GROUP PARTICIPANT INFORMATION**

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| This form should be completed and signed by individual dance/theatre schools and emailed to the Responsible Organisation (Applicant), as requested by the organisation. |

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|  | | | **DETAILS OF PERFORMANCE / EVENT** | | | | | | |
| **Name of Performance / Event / Competition etc.** |  | | | |  | | | | |
| **Location Address (incl. postcode)** |  | | | |  | | | | |
| **Date(s)** |  | | | |  | | | | |
| **Time(s):**  **(Start – Finish)** |  | | | |  | | | | |
|  | | | **DETAILS OF PARTICIPANT GROUP** | | | | | | |
| **Name of participant group (e.g. dance/theatre group)** |  | | | |  | | | | |
| **Address of Participant group (including postcode)** |  | | | |  | | | | |
| **Name of Lead Person** |  | | | |  | | | | |
| **Telephone No(s)** |  | | | |  | | | | |
| **Email Address** |  | | | |  | | | | |
|  | | | **DETAILS OF CHILDREN – insert number of children** | | | | | | |
|  | Male | | | Female | | Other Identification\* | | No. of Licensed  Chaperones | |
| Age 0-4 |  | | |  | |  | |  | |
| Age 5-9 |  | | |  | |  | |  | |
| Age 9-16 |  | | |  | |  | |  | |
|  |  | | |  | |  | |  | |
| \*not all children and young people will identify as male and female | | | | | | | | | |
| **Number of children and Local Authorities which they reside** | | | | | | | | | |
| **Number of Children** | | | | | | **Name of Local Authority** | | | |
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| **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 | | Date of performance | | Chaperone Licence  Number | | | Licence \*Expiry Date  \* Required | | Name of Authority  which approved  chaperone licence | |
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| **DETAILS OF ADDITIONAL CHAPERONING ADULTS** | | | | | | | | | |
| Name of Chaperoning Adult (this can be the child’s own Parent or \*teacher/teaching assistant (\*from the school they would ordinarily attend.) Not a Dance School Teachers | | | | Parent Chaperone or \*Teacher Chaperone & named  educational establishment | | | | | |
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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 completing the application 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 / Parent chaperones / Teacher Chaperones.

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

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

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

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