**APPLICATION FOR A BODY OF PERSONS APPROVAL**

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

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

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|  | **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** |
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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(incl. Licence Number) |  | Date Present |  | Expiry date of licence |  |  | Name of Authority which approved chaperone |
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|  | **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 |
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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 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: