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

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| This form should be completed by individual dance/theatre schools and returned to the Responsible Organisation, together with a list of the children taking part as requested by the organisation. |

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| **DETAILS OF PERFORMANCE / EVENT** |
| **Name of Performance / Event / Competition etc.** |  |
| **Location** |  |
| **Date(s)** |  |
| **DETAILS OF PARTICIPANT GROUP** |
| **Name of participant group (e.g. 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 | No. of Chaperones / DBS |
| Age 0 – 4 |  |  |  |
| Age 5 – 8 |  |  |  |
| Age 9 – 15 |  |  |  |
| 16 (and reached compulsory school leaving age |  |  |  |
| **Number of children and local authorities which they reside** |
| **Local Authority**  | **Number of Children** |
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| **DETAILS OF LOCAL AUTHORITY APPROVED CHAPERONES / DBS CHECKED PERSONNEL** 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 |  | Expiry date of Chaperone licence and DBS number |  | Name of Authority which approved chaperone |
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| **DETAILS OF ADDITIONAL SUPERVISING ADULTS** |
| Name of Supervising Adult (this can be either the child’s own parent or teacher/teaching assistant from the school they would ordinarily attend. |  | State whether Teacher and which school or parent. |
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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 chaperones / adult helpers.

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

Print Name:

Position within organisation: