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

|  |
| --- |
| 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. |

|  |
| --- |
| **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 | Other Identification\* | No. of licensed chaperones | No. of DBS checked personnel |
| Age 0 – 4 |  |  |  |  |  |
| Age 5 – 8 |  |  |  |  |  |
| Age 9 – 15 |  |  |  |  |  |
| 16 (and reached compulsory school leaving age |  |  |  |  |  |
| \*Not all children and young people will identify as male and female |
| **Number of children and local authorities in which they reside:** |
| **Local Authority**  | **Number of Children** |
|  |  |
|  |  |
|  |  |
|    |  |
|  |  |
| **DETAILS OF LOCAL AUTHORITY LICENSED 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 Licensed Chaperones present | Date of performance | Expiry date of Chaperone licence | Name of Authority which approved chaperone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Names of DBS checked personnel present | Date of performance | DBS number  | Date DBS check carried out (on certificate) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **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. |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

[ ]  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: