

BODY OF PERSONS
APPROVAL - GROUP PARTICIPANT INFORMATION

This form should be completed by individual dance/theatre schools and returned to the
Responsible Organisation

DETAILS OF PERFORMANCE / EVENT				
Name of Performance / Event / Competition etc.				
Location				
Date(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 0-2				
Age 2-3				
Age 4-8				
Age 9-12				
Age 13-16 (and reached compulsory school leaving age)				
*not all children and young people will identify as male or female				
Number of children and local authorities which they reside				
Local Authority	Number of Children			

	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 Present	Expiry date of licence	Name of Authority which approved chaperone
	DETAILS OF ADDITIONAL SUPERVISING ADULTS (Must have a valid <u>Enhanced DBS</u>)		
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: _____