

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 (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	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
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 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

DETAILS OF ADDITIONAL SUPERVISING ADULTS

Name of Supervising Adult (this can either be 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: _____