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 PARTICIPAN	T 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 numbe	er of children			
	Male	Female	Other	No. of Chaperones /	
			Identification*	DBS	
Age 0 – 4					
Age 5 – 8					
Age 9 – 15					
Age 9 – 15					
Age 9 – 15 16 (and reached					
16 (and reached					
16 (and reached compulsory school	Ing people wil	l identify as m	nale and female		
16 (and reached compulsory school leaving age	ing people wil	l identify as m	nale and female		
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DETAILS OF LOCAL AUTH			-					
Chaperones must have licences with them on performance days in the event of an inspection by the Local Authority								
Names of Authorised	Date of			y date of	Name of Authority			
Chaperones present	performance		-	erone licence DBS number	which approved chaperone			
DETAILS OF ADDITIONAL		1						
Name of Supervising Adult (this can be either the child's own parent or		State whether Teacher (and which school) or parent.						
teacher/teaching assistant from the school they would ordinarily attend.)								

	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 N	ame:				
Positio	n within organisation:				

On completion please attach to the application form and forward to <u>childemployment@sunderland.gov.uk</u>