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

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| This form should be completed by individual dance/theatre/education 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.** | **Celebration 2022** |
| **Location Address (incl. postcode)** | **Snape Maltings Concert Hall, Snape, Suffolk, IP17 1SP** |
| **Date(s)****Time(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 |
| Age 0-4 |  |  |  |  |
| Age 5-9 |  |  |  |  |
| Age 9-16 |  |  |  |  |
|  |  |  |  |  |
| \*not all children and young people will identify as male and female |
| **Number of children and local authorities which they reside** |
| **Local Authority**  | **Number of Children** |
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| **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 of performance | Expiry date of Chaperone licence  | 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 / parent helpers.

Signed: Date:

Print Name:

Position within organisation: