**APPLICATION FOR A BODY OF PERSONS APPROVAL**

**Taking place within the Suffolk County Council Boundary**

**Children and Young Persons Act S.37(3)(b)**

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|  | **DETAILS OF PERFORMANCE / EVENT** |
| **Name of Performance / Event / Competition etc.** | **Celebration 2023** |  |
| **Performance Location** **(incl. Postcode):** | **Snape Maltings Concert Hall,****Snape, Suffolk,** **IP17 1SP** |  |
| **Performance Date(s)** | **Monday 6th March 2023****Tuesday 7th March 2023****Wednesday 8th March 2023****Thursday 9th March 2023****Friday 10th March 2023****Saturday 11th March 2023** | *Please delete as appropriate* |
| **Performance Time(s)** | **19:00** |  |
| **Rehearsal Location** **(incl. postcode):** | **Snape Maltings Concert Hall,** **Snape, Suffolk****IP17 1SP** |  |
| **Rehearsal Date(s)**  | **Monday 6th March 2023****Tuesday 7th March 2023****Wednesday 8th March 2023****Thursday 9th March 2023****Friday 10th March 2023****Saturday 11th March 2023** | *Please delete as appropriate* |
| **Rehearsal Time(s)** | **For 1hr 30 mins maximum per group between 13:00 – 17:30** |  |
|  | **DETAILS OF PARTICIPANT GROUP** |
| **Name of participant group (eg. dance/theatre group)** |  | *Please insert your school/group name here* |
| **Address of Participant group** |  | *Please insert your school/group address here* |
| **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 – 4 |  |  |  |  |
| Age 5 – 9 |  |  |  |  |
| Age 9 – 16 (and reached compulsory school leaving age |  |  |  |  |
|  \*Not all children and young people will identify as male and female |
| **Number of children not living in Suffolk 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**(incl. Licence Number)** |  | Date Present |  | Expiry date of licence |  | Name of Authority which approved chaperone |
| **Britten Pears Arts to complete** |  |  |  |  |  |  |
| **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 Parent or \*Teacher / Teaching Assistant |
|  |  |  |  |
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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 or Teacher(s) / Teaching Assistant(s).

The Organisation will have regard to Covid guidance issued by the Government and review this at regular intervals.  Should there be changes in Covid guidance and the event is delayed or cancelled the LA will be informed about any changes.

The Applicant should continue to monitor and implement any local and national directives about Covid. If traveling outside England please refer to guidance issued by the devolved administrations.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position within organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_