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

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| This form should be completed by individual dance/theatre schools, schools or community groups and returned to the Responsible Organisation, together with a list of the children taking part as requested by the organisation. |

Please enter information in the highlighted sections.

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| **DETAILS OF PERFORMANCE / EVENT** | | | | | | | |
| **Name of Performance / Event / Competition etc.** | **Celebration 2024** | | | | | | |
| **Location Address (incl. postcode)** | **Britten Pears Arts, 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/School)** |  | | | | | | |
| **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 (only applies to non school/community groups)**  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 (applies to schools) – (SCC guidelines state that there must be 1 adult per 12 children and at least 2 adults per group attending)** | | | | | | | |
| 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: