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

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| 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. |

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| **DETAILS OF PERFORMANCE / EVENT** | | | | | | | |
| **Name of Performance / Event / Competition etc.** |  | | | | | | |
| **Location** |  | | | | | | |
| **Date(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 Chaperones / DBS |
| Age 0 – 4 |  | |  | |  | |  |
| Age 5 – 8 |  | |  | |  | |  |
| Age 9 – 15 |  | |  | |  | |  |
| 16 (and reached compulsory school leaving age |  | |  | |  | |  |
| \*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 / DBS CHECKED PERSONNEL**  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 and DBS number | | 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 / adult helpers.

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

Print Name:

Position within organisation: