

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 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			

- 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: _____

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