****

**BODY OF PERSONS EXEMPTION - GROUP PARTICIPANT INFORMATION**

|  |
| --- |
| This form should be completed by the dance/theatre schools participating in the named event and **returned to the responsible** event organiser prior to the children taking part.  |

**DETAILS OF PERFORMANCE / EVENT**

|  |  |
| --- | --- |
| **Name of Performance / Event / Competition etc.** |  |
| **Venue/Location** |  |
| **Date(s) of performance/event** |  |

**DETAILS OF PARTICIPANT GROUP**

|  |  |
| --- | --- |
| **Name of participant group (eg. dance/theatre group/band)** |  |
| **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 parents supervising own child \*\* | No. of chaperones/DBS checked adults |
| Age 0-4 |  |  |  |  |  |
| Age 5-8 |  |  |  |  |  |
| Age 9-16 (until compulsory school leaving age) |  |  |  |  |  |

\* not all children and young people will identify as male and female

**DETAILS OF LOCAL AUTHORITY APPROVED CHAPERONES (if applicable)**

Chaperones must have licences with them on performance days in the event of an inspection by the Local Authority (if more names are required see additional form on page 3).

|  |  |  |  |
| --- | --- | --- | --- |
| **Names of Authorised Chaperones present** | **Date Present** | **Expiry date of licence** | **Name of Authority which approved chaperone** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**DETAILS OF ADDITIONAL SUPERVISING ADULTS (if applicable)**

If DBS cleared, must have DBS certificate to be inspected if required (continue overleaf on page 4)

|  |  |
| --- | --- |
| **Name of Supervising Adult** | **State whether DBS Cleared or Parent looking after own child** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

[ ]  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 all the listed chaperone approval licences and will ensure that all chaperone approvals will be available for display or presentation at the event.

[ ]  I have obtained a signed statement of fitness from each child’s parent and have informed the responsible organisation of children with any additional/medical requirements.

[ ]  I have read and will adhere to the requirements of the safeguarding instructions provided by the responsible (event) organisation. All relevant safeguarding information has been communicated to the chaperones / adult helpers.

[ ]  I have obtained permission from school. No child will be absent from school to take part in a performance given under the Body of Persons approval without written permission for the absence, from their head teacher.

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

Print Name:

Position within organisation:

**Additional Chaperones/DBS Checked Adults Information**

**DETAILS OF LOCAL AUTHORITY APPROVED CHAPERONES (if applicable)**

Chaperones must have licences with them on performance days in the event of an inspection by the Local Authority

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Authorised Chaperone present** | **Date Present** | **Expiry date of licence** | **Name of Authority which approved chaperone** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**DETAILS OF ADDITIONAL SUPERVISING ADULTS (if applicable)**

If DBS cleared, must have DBS certificate to be inspected if required.

|  |  |
| --- | --- |
| **Name of Supervising Adult** | **State whether DBS Cleared or Parent looking after own child** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |