**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. |

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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 (eg. 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 | No. of Chaperones | |
| Age 0 – 4 | | |  | | | | |  |  | |
| Age 5 – 9 | | |  | | | | |  |  | |
| Age 9 – 16 (and reached compulsory school leaving age | | |  | | | | |  |  | |
| **DETAILS OF LOCAL AUTHORITY APPROVED CHAPERONES**  Chaperones must have licences with them on performance days in the event of an inspection by the the Local Authority | | | | | | | | | | |
| Names of Authorised Chaperones present |  | Date Present | | | |  | Expiry date of licence | |  | Name of Authority which approved chaperone |
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| **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 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: