BODY OF PERSONS EXEMPTION - GROUP PARTICIPANT INFORMATION



This form is to be completed by the dance/theatre school participating in the named event and <u>returned to the responsible event organiser</u> prior to the children taking part.

Name of event	
Venue	
Name of participating group (Dance or Theatre School Name)	
Address of participating group	
Name of lead person(s)/principal	
Contact Telephone	
Email	

Details of each performance (entry) & children (insert number of children):

Φ	Code (if	Name of performance/entry		ber of erforme		fem	mber o ale former	erones		
Date of performance Category Co applicable)				5–8 yrs	9-16 yrs	0-4 yrs	5–8 yrs	9-16 yrs	No of chaperones present	
eg: 05/05/18	MOG3	Dancing Feet	0	3	1	0	6	6	4	

e Sode		Name of performance/entry			Male ers	Number of female performers			erones
Date of performance	Category Code		0-4 yrs	5–8 yrs	9-16 yrs	0-4 yrs	5–8 yrs	9-16 yrs	No of chaperones present

Details of Local Authority Approved Chaperones to be continued over leaf.

LOCAL AUTHORITY APPROVED CHAPERONES

Names of Authorised Chaperones Present:	Date Present:	Expiry date of Licence:	Name of Authority Approving Chaperone:

Details of additional supervising adults:

(Enhanced DBS checked helpers who are in addition to approved chaperones, child's own parent or academic school teacher who normally provides the child's education)

Name of supervising adult	Date Present:	Enhanced DBS/Parent/Teacher (as defined above) Enhanced DBS Certificate checked by applicant (Y/N)	У

Continue on additional sheet if required.

	completed by the participating group's principal/leader and returned together with children naperone details.
	I have obtained and will have available at the event, a register of all the children involved, together with a list of emergency contact number for each child.
	I have checked all the listed chaperones 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 specific/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 and instructions has been communicated to the chaperones/adult helpers.
Signa	ture:
Date:	
Print N	Name:
Positio	on within organisation:

DATA MANAGEMENT

Information about how we handle the data you provide can be found in our privacy notice at: www.surreycc.gov.uk/your-council/your-privacy/our-privacy-notices/children-schools-and-families