

BODY OF PERSONS APPROVAL APPLICATION FOR EXEMPTION LICENCE CHILDREN AND YOUNG PERSONS ACT 1963 SECTION 37 (3) (b)

APPLICANT DETAILS

ALLECANT DETAILS				
Name of Organisation:				
Name of 1 st Applicant:				
Position held within the Organisa	ation			
Address:				
Town:	Post code:			
Tel Number:	Mobile:			
Email address:				
Name of 2 nd Applicant:				
Position held within the Organisa	ation:			
Address:				
Town:	Post code:			
Tel Number:	Mobile:			
Email address:				
PERFORMANCE DETAILS				
PERFORMANCE DETAILS				
Performance Title:				
Location and address of Perforn	nance:			
Dates and times of Performance	es:			
Child Details Blaces give the pu	umber of children taking part in the production/event			
Child Details – Please give the number of children taking part in the production/event				
Are all of the children living in No	orth Yorkshire? YES/NO (please delete)			
If not please list the relevant aut in this performance)	horities (so we can inform them that children from their area are involved			
in this performance)				



Child Safeguarding – Through regional agreement North Yorkshire Council require that members of The Body who are to act as chaperones must be registered as a chaperone by the Local Authority where they live and hold a current enhanced DBS certificate.

Please complete **Appendix A** or attach details stating chaperone's full name, address, the name of the authority they are registered with and the date their chaperone licence is valid until.

Declaration

We confirm that we will comply with the appropriate legislation and will provide all required information to the Local Authority. That we have the relevant Child Protection Policies and safeguarding procedures in place and that the children's parents/carers have confirmed that the children are fit and their health will not suffer by taking part in the performance.

Signatures

Applicant 1	Date:
Applicant 2	Date:

Please return completed form to: childlicensing@northyorks.gov.uk
Or post to Safeguarding Unit
Room SB216,
South Block,
County Hall,
Northallerton
DL7 8AE



Appendix A - LIST OF REGISTERED CHAPERONES FOR:

Name of Performance:						
<u>Venue:</u>						



Appendix A - LIST OF REGISTERED CHAPERONES FOR cont:

Name of Performance:						
Venue:						
Dates of Performance:						
FULL NAME	FULL POSTAL ADDRESS	AUTHORITY IN WHICH CHAPERONE LICENCE ISSUED	DATE CHAPERONE LICENCE EXPIRES			