



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

APPLICANT DETAILS

Name of Organisation:	
Name of 1st Applicant:	
Position held within the Organisation	
Address:	
Town:	Post code:
Tel Number:	Mobile:
Email address:	
Name of 2nd Applicant:	
Position held within the Organisation:	
Address:	
Town:	Post code:
Tel Number:	Mobile:
Email address:	

PERFORMANCE DETAILS

Performance Title:
Location and address of Performance:
Dates and times of Performances:
Child Details – Please give the number of children taking part in the production/event
Are all of the children living in North Yorkshire? YES/NO (please delete)
If not please list the relevant authorities (so we can inform them that children from their area are involved in this performance)

Child Safeguarding – Through regional agreement North Yorkshire County 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:.....

Venue:

Dates of Performance:.....

FULL NAME	FULL POSTAL ADDRESS	AUTHORITY IN WHICH CHAPERONE LICENCE ISSUED	DATE CHAPERONE LICENCE EXPIRES



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