**BODY OF PERSONS APPLICATION FORM**

**(S.37 (3) (b) Children & Young Persons Act 1963)**

**BLAENAU GWENT COUNTY BOROUGH COUNCIL**

**Please complete this form and the ‘Contract of Agreement’ and return them together with a copy of the organisations Child Protection Policy and details of the children and Chaperones to:**

**Lisa Adams, Education Department, Anvil Court, Church Street, Abertillery, Blaenau Gwent, NP13 1DB. Electronic copies and also be emailed to** **lisa.adams@blaenau- gwent.gov.uk**

*N.B The applicant below MUST be the same person who signs the ‘Contract of Agreement’*

**SECTION 1 ORGANISATION DETAILS**

|  |  |
| --- | --- |
| **Name of Organisation** |  |
| Registered Address of Organisation |  |
| Tel No (s) |  |
| Email |  |

|  |  |
| --- | --- |
| **Name of Applicant\*** |  |
| Position in Organisation |  |
| Address if different  |  |
| Tel. No (s) |  |
| Email |  |

**\*N.B The applicant must have authority to agree, on behalf of the organisation, to any terms and conditions set out by the local authority.**

**SECTION 2 DETAILS OF PERFORMANCE**

**If your application is for a one year period and you have not yet arranged any performances, please continue to section 3**

|  |  |
| --- | --- |
| Performance Title |  |
| Address of Venue |  |
| Date of performance (s) |  |
| Time of performance (s) |  |
| Description of the performance for which the approval is requested. |  |
| Please complete ‘Details of children, chaperones, DBS checked Supervising Adults and additional information for these performance (page 5/6)  |

**SECTION 3 SAFEGUARDING ARRANGEMENTS**

|  |  |
| --- | --- |
| **Name or Person****responsible for Child** **Protection** |  |
| Position in Organisation |  |
| Address |  |
| Tel. No (s) |  |
| Email |  |

|  |  |
| --- | --- |
| Does the organisation have a child protection policy and child protection procedures? (Please include with your application) |  **YES / NO** |
| How do you ensure your child protection policy is followed throughout your organisation? |  |
| What safeguarding training do you provide to those in your organisation who come into contact with children? |  |
| What arrangements do you have in place for the supervision of children at rehearsals and performances? |  |
| Have you previously made a BOPA application to other local authorities?*If yes, which authorities?* |  |
| Has your organisation ever had a BOPA refused? |  |

|  |
| --- |
| **Declaration of compliance with The Children (Performances & Activities)** **(Wales) (Regulations) 2015**1. I confirm that no payment in respect of taking in the performance (s), other than offsetting expenses, will be made to any young person or to anyone on their behalf such as a parent/carer/agent.
2. I confirm that the child protection policy and procedures for the organisation is attached.
3. I confirm that the parent/carer of each child participating has declared that their child is fit and their health will not suffer by taking part in the performance (s)
4. I confirm that the Organisation agrees to the terms as set out on the ‘Contract of Agreement’ and ‘Guidance’ attached.
5. I confirm that no child of compulsory school age requires any absence from school to take part in the production (s) unless by prior agreement with Blaenau Gwent Education Welfare Service

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**BODY OF PERSONS APPROVAL – CONTRACT OF AGREEMENT**

**BODY OF PERSONS APPROVAL**

**(S.37 (3) (b) Children & Young Persons Act 1963)**

|  |  |
| --- | --- |
| **Name of Organisation** |  |
| **Address of Organisation** |  |
| **Telephone No:** |  |
| **Email** |  |
| **Name and address of the** **Person responsible for the production** |  |
| **Position in** **organisation**  |  |

The above organisation has applied to Blaenau Gwent County Borough Council to be approved as a Body of Persons under s.37 Children& Young Persons Act 1963. If approved, the organisation would be exempted from the need to apply for individual licences for children to perform within Blaenau Gwent County Borough Council’s boundary.

If approved, the organisation agrees to adhere to the following conditions:

1 The organisation will provide Blaenau Gwent County Borough Council Education Welfare Service with details of each performance/rehearsal including dates, times and locations, together with the details (number, age group & gender) of all children taking part, at least 21 days in advance of the first performance unless the Education Welfare Service has agreed alternative arrangements. Blaenau Gwent County Borough Council’s Education Welfare Service will be informed of any change to the performance schedule in advance or within 72 hours of the performance.

2 The organisation agrees to comply with all relevant aspects of the Children (Performances & Activities) (Wales) (Regulations) (Wales) 2015

3The organisation will ensure that an appropriate number of Local Authority approved chaperones/DBS Checked Volunteers as agreed by the Local Authority are engaged to care for the children, having specific regard to their sex, age and ability ensuring that each child is supervised at all times at each performance and appropriate rehearsal.

4 A risk assessment will be carried out in respect of each place of performance.

5 A first aider is present at each place of performance.

6 The organisation agrees to any authorised officer of the local authority having unrestricted access whilst any dress or technical rehearsal or performance is taking place at any venue that the organisation uses for such purposes.

7 The organisation will provide a written Child Protection Policy and Procedures to the local authority (copy attached to the application). A statement of the organisation’s commitment to protecting children must be displayed prominently at each venue.

8 The organisation will obtain an up to date confirmation of fitness from the parent of each child.

9 The organisation will ensure that a list of emergency contact details in respect of each child including any medical issues or additional needs is securely held and is available at the place of performance.

10The organisation will ensure signing in and out sheets are completed for each performance

11 No payment will be made to the child or anyone else, on behalf of the child, other than reasonable expenses.

12 No Child will be absent from school to take part in a performance given under a body of persons agreement, unless by prior agreement with Blaenau Gwent County Borough Council Education Welfare Service who will consider the implications of the Education (Pupil) (Registration) (Wales) Regulations 2010 Regulation 7

**Failure to comply with any of the above agreements or conditions is likely to result in the Body of Persons exemption being revoked with immediate effect.**

Failure to comply with Children & Young Person Act 1963 s.37 and The Children (Performances and Activities) (Wales) (Regulations) 2015 is a criminal offence, which in conviction carries a maximum penalty of £1,000 or three months imprisonment or both, for each offence.

In signing this declaration you agree to the terms and conditions above.

Signed ………………………………………………………………………………………………..

Print Name …………………………………………………………………………………………...

Position in Organisation …………………………………………………………………………….

Date …………………………………………………………………………………………………..

Tel Number ………………………………………………………………………………………….

Email ………………………………………………………………………………………………….

**…………………………………………………………………………………………………………**

**For Office Use Only**

Signed on behalf of Blaenau Gwent County Borough Council ……………………………………………………………….

Date …………………………………………………………………………………………………

Position held: Senior Education Welfare Officer

**BODY OF PERSONS APPROVAL**

**SAFEGUARDING CHECKLIST**

Please return completed form to:

**Lisa Adams, Education Department, Anvil Court, Church Street, Abertillery, Blaenau Gwent, NP13 1DB. Electronic copies and also be emailed to** **lisa.adams@blaenau- gwent.gov.uk**

**Alternatively the same information can be provided in an alternative format (e.g. your own spreadsheet) if that is more convenient.**

**Details of production:**

|  |  |
| --- | --- |
| Name of Organisation |  |
| Performance Title |  |
| Venue |  |
| Dates and times of Rehearsals |  |
| Dates and times of Performance (s) |  |

**Details of children (insert number of children)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Female** | **Male** | **No of Chaperones** |
| **Age 0-4** |  |  |  |
| **Age 5-8** |  |  |  |
| **Age 9 -16** |  |  |  |

**Details of Local Authority Approved Chaperones to be completed overleaf.**

**A full register of all children and their emergency contact details including and medical issues or additional needs must be held securely and be available at the place of performance at all times.**

**Additional information (Please use an additional sheet if required)**

* Travel arrangements – How will the children travel to and from the venue and what is the approximate length of travel time?
* Overnight accommodation – Will any child be required to stay away from home overnight, and if so what are the accommodation and supervision arrangements?
* Additional safeguarding information – please provide details of any additional information in respect of safeguarding arrangements.

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHAPERONES (continue on additional sheet if required)**

|  |  |  |
| --- | --- | --- |
| Name of Authorised Chaperone  | Expiry date of licence | Name of Authority approving chaperone  |
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Number of Authorised Chaperones Present per

Performance

**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  | Parent/Teacher(as defined above) | Enhanced DBS checked by the applicant Y / N  |
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**Continue on an additional sheet if required.**