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

1. Name of	f Organisation:	
2. Details opposite producing	•	ove organisation who is responsible for
Full Name:		
Address:		
		Post Code:
Home Tel N	No:	Work Tel No:
E-mail add	ress:	
	of a second person e for producing the	in the same organisation who is also event.
Full Name:		
Address:	,	
		Post Code:
Home Tel I	No:	Work Tel No:
4. Details (of Performance: Title:	
ii.	Venue:	
iii.	Date/Dates:	
iv.	Start Time:	
V.	Finish Time:	

vi.	Attach details of all c	hildren who will	be taking part in the
performanc	e.		

The details must include every child's full name, address and date of birth.

Forename	Surname	DOB	Address	Post Code

5. Are there sufficient appropriate adults who will look after the children's welfare and wellbeing during rehearsals and performances:

Υ	ES	/	Ν	O

lf	"YFS"	state num	nber of adults:	: Male	Female

6. If your organisation is one which must appoint matrons approved by the Local Education Authority to look after the children you must attach names and addresses of those matrons. (If you are unsure about this please contact the Local Education Authority).

7. Please provide the Names, Add	resses of registered Chaperones/Matrons
with the Start Date and Expiry Dat	e of their chaperone Licences:

Name of Matron	Address	Start Date of	Expiry Date of Licence
		Licence	Licence

Signature: (of person at 2 or 3.) __	
_	
Date:	