

**APPLICATION FOR A BODY OF PERSONS EXEMPTION**

**Taking place within the St Helens Borough Council Boundary**

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

**Section 1 – Organisation Details**

|  |  |
| --- | --- |
| **Name of Organisation** |  |
| Registered Address of organisation  *inc. postcode* |  |
| Tel. No(s) |  |
| Email address |  |

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

*\*N.B The applicant must have the 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 2 year term and you have not arranged any performances, please continue to section 3**

|  |  |
| --- | --- |
| Performance Title |  |
| Address of Venue  *inc. postcode* |  |
| Date(s) of performance(s) |  |
| Time(s) of performance(s) |  |
| Description of the performance in respect of which the approval is requested.  *Please provide as full a description as you can about what the children will actually be required to do.* |  |

**Section 3 – Safeguarding arrangements**

|  |  |
| --- | --- |
| **Name of Person responsible for Child Protection and Safeguarding** |  |
| Position in Organisation |  |
| Address  *Inc. postcode* |  |
| Tel. No(s) |  |
| Email address |  |

|  |  |
| --- | --- |
| 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 in to contact with children? |  |
| What arrangements do you have in place for the supervision of the children at rehearsals and performances? |  |

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| --- | --- |
| Have BOPA applications been made to other local authorities?  *If yes, which authorities and dates* |  |
| Has your organisation ever had a BOPA refused?  *If yes, which authorities* |  |

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| --- |
| **Declaration of compliance with *The Children (Performances and Activities) (England) Regulations 2014***   1. I confirm that no payment in respect of taking part in the performance(s), other than for offsetting expenses, will be made to any young persons or to anyone on their behalf such as a parent/carer. 2. I confirm that the child protection policy for the organisation is attached. 3. I confirm that all the young people’s parents/carers have confirmed that they are fit and that 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 in 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.   Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please send completed application form to [childlicence@sthelens.gov.uk](mailto:childlicence@sthelens.gov.uk). Tel No: 01744 673356



**CONTRACT OF AGREEMENT**

**EXEMPTION FROM CHILDREN’S LICENSING**

**BODY OF PERSONS APPROVAL**

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

|  |  |
| --- | --- |
| **Name of Organisation** |  |
| **Address of Organisation**  **(inc. postcode)** |  |
| **Telephone No.** |  |
| **Email Address** |  |
| **Name and Address of person responsible for the production** |  |
| **Position in Organisation** |  |

The above organisation has applied to **St Helens Borough Council (the Local Authority)** 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 the St Helens Borough Council boundary.

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

1. No payment will be made to the child or anyone else, on behalf of the child, other than for defraying expenses.
2. No child will be absent from school to take part in a performance given under the Body of Persons approval.
3. The organisation will provide the Local Authority (LA) with details of each performance/rehearsal including the dates, times and location, together with the full name, date of birth and address of all children taking part, at least 21 days in advance of the first performance unless the LA has agreed to a shorter notice period. Any changes to the performance schedule must be advised to the LA in advance. The organisation will also provide the name and contact details of the lead person responsible for each performance.
4. The organisation agrees to comply with Regulation 11 and Regulations 15 to 29 of The Children (Performances and Activities) (England) Regulations 2014.
5. A risk assessment must be carried out in respect of each place of performance.
6. A first aider is present at each place of performance. The organisation will ensure that an appropriate number of Local Authority approved chaperones (see Reg.15) are engaged to care for the children employed, having specific regard to their sex and age, ensuring that each child is supervised at all times
7. The organisation agrees to any authorised officer of the LA having unrestricted access whilst any dress or technical rehearsal or performance is taking place at any venue that the organisation uses for such purposes.
8. The organisation will provide a written Child Protection Policy to the LA.
9. The organisation will obtain a signed statement of fitness from the parent of each child.
10. The organisation will ensure that a list of emergency contact details in respect of each child including any medical issues or additional needs is available at the place of performance.
11. The organisation will ensure signing in and out sheets and daily record sheets are completed for each performance.

**CONTRACT OF AGREEMENT**

**Name of Organisation:**

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

Failure to comply with Children & Young Persons Act 1963 s.37 and The Children (Performances and Activities) (England) Regulations 2014 is a criminal offence, which on 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

Tel No.

Date

Please return completed form to childlicence@sthelens.gov.uk



**STHELENS BOROUGH COUNCIL**

**NOTIFICATIONOF A PERFORMANCE UNDER BODY OF PERSONS APPROVAL**

Name of Venue:

Name of Production:

Name of Group:

Dates and Time of Production:

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| --- | --- | --- | --- |
| Names of Authorised Chaperones present | Date Present | Expiry day of Licence | Name of Authority Approving Licence |
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Number of Authorised Chaperones Present per Performance:

|  |  |
| --- | --- |
| Date:  Signature (Body of Persons):  Name (please print):  Contact No:  Email Address:  Address: | Date:  Signature (Producer):  Name (please print):  Contact No:  Email Address:  Address: |

**Please return completed form to childlicence@sthelens.gov.uk**



**BODY OF PERSONS EXEMPTION - GROUP PARTICIPANT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This form should be completed by individual participant groups and returned to the Responsible Organisation.**  **St Helens Council is responsible for issuing licenses for children in employment and performance under   Children & Young Persons Act 1963, Sec. 37 and The Children (Performances & Activities) (England) Regulations 2014.** | | | | | | | | | | | | |
| **DETAILS OF PERFORMANCE / EVENT** | | | | | | | | | | | | |
| **Name of Performance / Event / Competition etc:** | | | |  | | | | | | | | |
| **Location:** | | | |  | | | | | | | | |
| **Date(s):** | | | |  | | | | | | | | |
| **DETAILS OF PARTICIPANT GROUP** | | | | | | | | | | | | |
| **Name of participant group (e.g. dance/theatre group)** | | | |  | | | | | | | | |
| **Address of participant group:** | | | |  | | | | | | | | |
| **Name of lead person:** | | | |  | | | | | | | | |
| **Telephone number(s):** | | | |  | | | | | | | | |
| **Email address:** | | | |  | | | | | | | | |
| **DETAILS OF CHILDREN – insert number of children** | | | | | | | | | | | | |
|  | **Male** | | | | | **Female** | | | | | **No of Chaperones?DBS** | |
| Age 0 - 4 |  | | | | |  | | | | |  | |
| Age 5 - 8 |  | | | | |  | | | | |  | |
| Age 9 - 15 |  | | | | |  | | | | |  | |
| 16 (and reached compulsory school age) |  | | | | |  | | | | |  | |
| **Number of children and local authorities which they reside** | | | | | | | | | | | | |
| **Local Authority** | | | | | | | | | | **Number of children** | | |
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| **DETAILS OF LOCAL AUTHORITY APPROVED CHAPERONES/DBS CHECKED PERSONNEL**  Chaperones must have licences with them on performance days in the event of an inspection by the Local Authority | | | | | | | | | | | | |
| **Name of Authorised Chaperone present** | |  | **Date of performance** | | | | |  | **Expiry date of Chaperone licence and DBS number** | |  | **Name of Authority which approved chaperone** |
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| **DETAILS OF ADDITIONAL SUPERVISING ADULTS (if applicable)** | | | | | | | | | | | | |
| **Name of Supervising Adult (this can be either the child’s own parent or teacher/teaching assistant from the school they would ordinarily attend.** | | | | |  | | **State whether Teacher and which school or parent.** | | | | | |
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I have obtained, and will have available at the event, a register of the children involved together with a list of emergency contact numbers for each child.

I have checked chaperone approval licences and will ensure chaperone licences will be available at the event in case of a local authority inspection.

I have obtained a signed statement of fitness from each child’s parent and have informed the responsible organisation of children with any additional/medical needs.

I have read and will adhere to the requirements of the safeguarding instructions provided by the responsible organisation. All relevant safeguarding information has been communicated to chaperones / adult helpers / parents.

Signed: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:

Position within organisation:

**Please return the completed form to** [**childlicence@sthelens.gov.uk**](mailto:childlicence@sthelens.gov.uk) **Tel no: 01744 673356**

Updated August 2020