

Group Exemption

Included in your application should be

1. Group Exemption Application

1. Copy of Chaperone’s Licences

3. Copy of Safeguarding Policy

\*N.B

Only children that reside in the St Helens Borough can be included on the application



**Information on ST HELENS Children taking part in a performance without a licence, in accordance with   
Section 37(3)(a)(b) of THE CHILDREN and Young Person’s Act 1963**

**Please Note:** The Act and Regulations contain no provision under which absences from school may be authorised for an unlicensed performance

|  |  |
| --- | --- |
| **Name of Performance:** |  |
| **Type of Performance (Dance, Singing etc):** |  |
| **Date(s) and Time(s) of Performance:** |  |
| **Performance Venue:** |  |
| **Name of Body Organising the Performance(s):** |  |
| **Will a charge be made for Admission?:**  **If so, to what purpose will the proceeds be put?:** |  |
| **details of person who is responsible for the event.**  **(name, address and telephone number)** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of child** | **D.O.B.** | gender | Address | ACADEMIC SCHOOL | NO. OF LICENSED AND UNLICENSED PERFORMANCES IN LAST 6 MONTHS | PARENTS CONSENT AND MEDICAL DECLARATION OBTAINED YES/NO |
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Chaperone’s (1 per 12 children)

**\* A copy of the licence is required with the application**

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| --- | --- | --- |
| Name of Chaperone | Authority they are registered with | Date licence expires |
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Enhanced CRB Helpers (These must be under the supervision of a Licensed Chaperone)

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| **Name of Helper** | **Enhanced CRB Registration Number** | **Date of Expiry** |
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**\*Parents who do not hold an Enhanced CRB can ONLY supervise their own children.**

Do you have a Child Protection/Safeguarding Children’s Policy? Yes/ No

If you do please send a copy with your application. If not please contact the office for guidance.

**I, the undersigned, hereby certify that the above statement is correct to the best of my knowledge and belief.**

Name (printed)…………………………………………………………………… Signature………………………………………………..

Name of Organisation…………………………………………………………………………………………………………………………

Address…………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………..

Email address………………………………………………………………………………………………………………………………….

Daytime Contact Number ……………………………………………………………Date………………………………………………….

This form, duly completed, should be sent to, [childlicence@sthelens.gov.uk](mailto:childlicence@sthelens.gov.uk) at least 21 days before the performance takes place

Tel: 01744 673356

### Parental Consent Form

|  |  |
| --- | --- |
|  | |
| Name of Child |  |
| Date of Birth |  |
| Address and Telephone Number |  |
| School Attended |  |

|  |  |
| --- | --- |
| Will your child be required to take any time off school for rehearsals and / or performances? | Yes / No |
| Is your child fit and healthy to participate in this production?  NB: Consideration should be given to the child’s health and tiredness levels and their ability to attend school and undertake school and homework as usual. |  |
| Does your child suffer from any medical conditions that the organisers should be aware of? |  |
| Does your child carry medication? |  |
| Where is this medication kept? |  |
| Do you give permission for your child to take part in this performance? |  |
| Do you agree to supervise your child for the duration of the whole of the performance or agree for your child to be under the supervision of a licensed chaperone? |  |
| Has the child taken part in any other performance(s) (for the named production company or any other including tv / film work, theatre, dance / stage school performances, sport, modelling or casting agency work) in the six months before the commencement of this production?  ***If YES please include details including exact dates / venue)*** |  |

PARENT: I declare that the above information is accurate and true in accordance with The Children (Performance and Activities) (England) Regulations 2014 and The Children & Young Person’s Act 1963.

Signature: ……………………………………………………………………………………………………

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

Relationship to Child: ……………………………………………………………………………………….

Date : ………………………………………………………………………………………………………….