

**APPLICATION FOR A BODY OF PERSONS EXEMPTION**

**Taking place within the South Tyneside Council Boundary**

**Children and Young Persons act 5.37(3)(b)**

**Section 1 – Organisational Details**

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

|  |  |
| --- | --- |
| **Name of Applicant** |  |
| Position in Organisation |  |
| Address if differentInc. 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 in 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**

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| --- | --- |
| **Performance Title** |  |
| Address of VenueInc. postcode |  |
| Date(s) of Performance(s) |  |
| Time(s) of Performance(s) |  |
| Description of the performanceIn respect of which theApproval 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 |  |
| AddressInc. 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 (performance and Activities)(England) Regulations 2014**1. I confirm that no payment in respect of taking part in the performance(s), other than for offering expenses, will be made to pay 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 be 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 and signed contract to: South Tyneside Council, Services for Young People, Town Hall, Westoe Road, South Shields NE33 2RL**