**CUMBERLAND COUNCIL**

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

|  |  |
| --- | --- |
| Name of Venue: |  |
| Name of Production: |  |
| Name of Group: |  |
| Dates and Time of Production:  (Please include arrival time, departure time and time of performance) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Authorised Chaperones Present: | Date Present: | Expiry date of Licence: | Name of Authority Approving Chaperone: |
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Number of Authorised Chaperones Present per Performance:

**DETAILS OF THE CHILDREN INVOLVED IN THE PERFORMANCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Age** | **Male** | **Female** | **Other Identification\*** | **No. of Chaperones** |
| Age 0-4 |  |  |  |  |
| Age 5-8 |  |  |  |  |
| Age 9-16 (This includes any child that is 16 and currently in year 11 of secondary school) |  |  |  |  |

\*not all children and young people will identify as male and female

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

|  |  |
| --- | --- |
| Date: | Signature (Producer): |
| Name (please print): | |
| Contact No: | |
| Address: | |

**Please return completed form along with the Risk Assessment for the Performance to:**

**Paula Nixon, Child Employment & Entertainment Officer, West Cumbria House, Jubilee Road, Workington, CA14 4HB.**

**Please submit this form at least 21 days prior to the first date of the performance**