

APPLICATION FOR A BODY OF PERSONS APPROVAL (BOPA)

Taking place within the Milton Keynes Council Boundary Section 37(3)(b) Children and Young Persons Act 1963

Section 1 – Organisation Details	
Name of participant group (eg.	
dance/theatre group)	
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 by the local authority.	o agree, on behalf of the organisation, to any terms and conditions set out
by the local duthority.	
Section 2 - Details of performance	
If your application is for a yearly term and	d you have not arranged any performances, please continue to section 3
Name of Performance / Event /	
Competition etc.	
Address of Venue inc. postcode	
me. posteode	
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.	
BOPA Duration	
For what duration are you	

requesting?

Section 3 – Safeguarding ar	rangemer	its		
Name of Person responsible	for			
Child Protection and Safegua	arding			
Position in Organisation				
Address				
Inc. postcode				
Tel. No(s)				
Email address				
Zinan adaress				
How do you ensure your chi	ld			
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?				
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				
Nominated First Aider				
Child Age and gender group	Number	of children	Number of chaperones for each	Chaperone to Child
			age or gender group	Ratio*
Age 0 to 4				
Female				
Male				
Other identification*				
Age 5 to 8				
Female				
Male				
Other identification*				
Age 9 and over				

Female Male

Other identification*

^{*} Notwithstanding the legal requirement of 1:12, Extra chaperones should be in place for challenging or needy children and toilet runs.

^{*}not all children and young people will identify as male or female

Chaperone Information

'The term 'Chaperone' can be a licensed chaperone, a current DofE teacher, enhanced DBS checked staff or a parent.

Name of Chaperone	If licensed chaperone approved by which Local Authority & licence expiry date. If a teacher state from which school, or state parent	If enhanced DBS checked staff state DBS reference number			
*Continue on separate sheet if necessary					
Declaration of compliance with <i>The Children (Performances and Activities) (England) Regulations</i> 2014					
 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 and that chaperones and other 'suitable persons' are familiar with this policy.					
3. I confirm that I have seen the DBS certificates for any 'suitable person' chaperones and that I have verified that the details remain current.					
4. I confirm that all the young people's parents/carers have confirmed that the children are fit and that their health will not suffer by taking part in the performance(s).					
5. 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.					
6. I confirm that the Organisation agrees to the terms as set out in the "Contract of Agreement" and "Guidance" attached.					
Applicant Signature:	Date: _				
Print Name:					

Please send completed application form and signed contract to: -