

CUMBERLAND COUNCIL

NOTIFICATION OF A PERFORMANCE UNDER BODY OF PERSONS APPROVAL

Name of Venue:					
Name of Production:					
Name of Group:					
Dates and Time of Pro	duction:				
(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:	
Number of Authorised Chaperones Present per 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 you	ng people will id	dentify as male a	nd 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, Cumberland Council - SEND, Education & Inclusion, West Cumbria House, Jubilee Road, Workington, CA14 4HB.

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