

BODY OF PERSONS
APPLICATION FOR AUTHORISATION
CHILDREN AND YOUNG PERSONS ACT 1963 SECTION 37(3)(b)



1. Name of Organisation: _____

2. Details of person in the above organisation who is responsible for producing the event.

Full Name: _____

Address: _____

_____ Post Code: _____

Home Tel No: _____ Work Tel No: _____

E-mail address: _____

3. Details of a second person in the same organisation who is also responsible for producing the event.

Full Name: _____

Address: _____

_____ Post Code: _____

Home Tel No: _____ Work Tel No: _____

4. Details of Performance:

i. Title: _____

ii. Venue: _____

iii. Date/Dates: _____

iv. Start Time: _____

v. Finish Time: _____



7. Please provide the Names, Addresses of registered Chaperones/Matrons with the Start Date and Expiry Date of their chaperone Licences:

Name of Matron	Address	Start Date of Licence	Expiry Date of Licence

Signature: (of person at 2 or 3.) _____

Date: _____