



**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 <i>Inc. postcode</i>	
Tel. No(s)	
Email address	
Name of Applicant*	
Position in Organisation	
Address if different <i>Inc. postcode</i>	
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 by the local authority.*

**Section 2 - Details of performance**

*If your application is for a yearly term and you have not arranged any performances, please continue to section 3*

Name of Performance / Event / Competition etc.	
Address of Venue <i>inc. postcode</i>	
Date(s) of performance(s)	
Time(s) of performance(s)	
Description of the performance in respect of which the approval is requested. <i>Please provide as full a description as you can about what the children will actually be required to do.</i>	

**BOPA Duration**

For what duration are you requesting?	
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### Section 3 – Safeguarding arrangements

Name of Person responsible for Child Protection and Safeguarding	
Position in Organisation	
Address <i>Inc. postcode</i>	
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?	
Have BOPA applications been made to other local authorities? <i>If yes, which authorities and dates</i>	
Has your organisation ever had a BOPA refused? <i>If yes, which authorities</i>	
Nominated First Aider	

Child Age and gender group	Number of children	Number of chaperones for each age or gender group	Chaperone to Child Ratio*
<b>Age 0 to 4</b>			
Female			
Male			
Other identification*			
<b>Age 5 to 8</b>			
Female			
Male			
Other identification*			
<b>Age 9 and over</b>			
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 *The Children (Performances and Activities) (England) Regulations 2014***

1. 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.
3. I confirm that I have seen the DBS certificates for any 'suitable person' chaperones.
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: -

**Licensing, Milton Keynes Council, Civic Offices, 1 Saxon Gate East, Milton Keynes, MK9 3EJ.**