

## **BUCKINGHAMSHIRE COUNCIL**

### EXEMPTIONS (UNLICENSED) CHILD PERFORMANCE APPLICATION

CHILDREN AND YOUNG PERSONS ACT 1933 s.25/1963, S.37(3) and (a) The Children (Performances and Activities) (England) Regulations 2014)

Exemptions only apply where (a) no payment in respect of the child taking part in the performance is made to the child or another person in relation to this performance, other than expenses. (b) no time off school. (c) has not performed on more than 3 days in the previous 6 months (whether licensed, unlicensed or under a body of person). Note: These exemptions do not apply to paid sport or modelling.

Name of performance					
Child's part					
(singing, dancing, acting etcetera)					
, ,					
Performance dates					
Place of performance					
p					
Performance times	Matinee		Evening		
			J		
Rehearsal dates/times				I	
•					
Place of rehearsal					
Name/s of licensed Chaperone/s	Name/s			Local Authority	
and LA approved by					
Use separate page if required					
Are unlicensed chaperones	Name/s			YES	NO
Enhanced DBS checked?					
Use separate page if required					
Child/Children Participating	As per list (	attached)			
Declaration					

- I confirm that no child or any other person connected with a child who is performing is receiving any payment apart from general expenses
- I confirm that the child/children will not be taking time off school to participate in this event
- I confirm that the child/children have not performed on more than 3 days in the 6 months preceding the first date of this performance (excluding any school performances such as Christmas plays etc.)

I hereby certify that this statement is correct to the best of my knowledge and belief and includes all children who are residents of Buckinghamshire County Council Local Authority only.

Name of the Organisation Producing the Performance	Name of Applicant	Address of Organisation	
Tel No.	Email Address	Postcode	
Signature of Applicant		Date	

## PRODUCTION APPLICATION FOR 'EXCEMPTION (UNLICENSED) PERFORMANCE'

# Children Participating (you can send your own list if more convenient)

NAME OF CHILD	DATE OF BIRTH	TOWN	POSTCODE

Please copy sheet for more children