

APPLICATION FOR A CHILD PERFORMANCE LICENCE

CHILDREN & YOUNG PERSONS ACT 1963, S.37

The Children (Performance) Regulations 1968

The Children (Performance) (Miscellaneous Amendments) Regulations 1998

This application form is in three parts:

- *Part 1 (to be completed by the applicant “the person responsible for the production of the performance in which the child is to take part”)*
- *Part 2 (to be completed by the child’s parent/guardian)*
- *Part 3 (to be completed by the head teacher of the child’s school, if applicable)*

Note – It is important that this form, when completed, should be sent so as to reach the licensing authority not less than 21 days before the first performance for which the licence is requested, since the licensing authority may otherwise refuse to grant a licence.

PART 1

(to be completed by the applicant)

- 1 I hereby apply for a licence under section 37 of the Children & Young Persons Act 1963 authorising (insert name of child)

(Please tick whichever applicable)

to take part in a performance
to take part as a model
to take part in paid sport

- 2 I certify that to the best of my knowledge the particulars contained in the attached Annex are correct.

- 3 I attach the following -

- a) a copy of the birth certificate of the child or other satisfactory evidence of the child’s age
- b) two identical prints (unmounted) of a photograph of the child taken during the six months preceding this application
- c) a copy of the contract, draft contract or other documents containing particulars of the agreement regulating the child’s appearance in the performance or activity for which this licence is requested
- d) a declaration under section 38(1)(a) or (b) of the Children and Young Persons Act 1963
- e) the completed medical declaration

- 4 I understand that if a licence is granted to me it will be granted subject to the restrictions and conditions laid down in the Regulations and to such other conditions as the local authority or licensing authority may impose under the said Regulations

Applicants Full Name		
Applicants Company	Name	
Address		
Phone number	Fax number	Email
Position in Company		
Applicants Signature		Date

Note – Any person who fails to observe any condition subject to which a licence is granted or makes any false statement in connection with the application for a licence is liable to a fine not exceeding level 3 on the standard scale, or a term of imprisonment for a term not exceeding three months or both. (Section 40 of the 1963 Act).

ANNEX TO PART 1

(3 pages) (to be completed by the applicant)

N.B. any reference to a regulation is a reference to the 1968 Regulations

PARTICULARS CONNECTED WITH THE PERFORMANCE IN WHICH THE CHILD IS TO TAKE PART	
1	Name and nature of the performance or activity for which the licence is requested see (i)
2	Description of the child's part
3	Place of the performance or activity for which the licence is requested see (ii)
4	The dates of the performance or activity for which the licence is requested Or Open licences only see (iii) (a) Number of months (up to a maximum of 6 months) the licence is required for And (b) Number of days within that period the licence is required for
5	Time and duration of performance or activity in respect of which the licence is requested
6	Total anticipated time at Place of Performance Anticipated Arrival Time Anticipated Departure Time
7	Approximate duration of the child's appearances in the performance or activity in respect of which the licence is requested
NIGHTWORK – AT THE DISCRETION OF THE LICENSING AUTHORITY	
8	The amount of night work (if any) for which approval will be sought from this local authority stating: (a) the number of days (b) the approximate duration on each day (c) Reason for night work

(i) Name (title of production and nature (theatre, film, TV, commercial, modelling etc.) of performance.

(ii) This should include all the places at which work on location is scheduled.

(iii) A licence specifying the number of days on which a child may perform and the period, not exceeding six months, in which the performance may take place may be granted only to the British Broadcasting Corporation, the Independent Television Authority, a programme contractor within the meaning of section 1 (5) of the Television Act 1964 or a body supplying programmes to such a programme contractor to be broadcast by the Independent Television Authority or in respect of a child taking part in a performance to be recorded (by whatever means) with a view to its used for public exhibition.

TUTOR DETAILS (if applicable) MINIMUM 3 HOURS PER DAY ON ALL SCHOOL DAYS		
9	<p>Proposed arrangements (if any) under Regulation 10 for the education of the child during the period for which the licence is requested, stating:</p> <p>(a) the name, address and qualification of the proposed private teacher.</p> <p>(b) the name of the local authority (if any), which has previously approved the appointment of the private teacher for the purposes of a licence.</p> <p>(c) the place where the child will be taught.</p> <p>(d) the proposed course of study.</p> <p>(e) the number of other children to be taught by the private teacher at the same time as the child to whom this application is made, and the sex and ages of each child.</p> <p>(f) the amount of education the child is to receive, in accordance with the regulations.</p>	
SCHOOL ABSENCE		
10	The days or half days on which leave of absence from school is requested to enable the child to take part in the performance or activity for which the licence is requested, or in rehearsals.	<p>Dates of half days</p> <p>Dates of full days</p> <p>Dates of Rehearsals</p>
CHAPERONE (MATRON) DETAILS – LICENSED OR PARENT OR LEGAL GUARDIAN		
11	(a) Chaperone details. <i>Regulation 12</i>	
	Name Address Telephone number Email address	
	(b) The name of the local authority (if any), which has previously approved the appointment of the Chaperone for the purposes of a licence.	
	(c) The number of other children to be in the charge of the Chaperone during the time when she/he would be in charge of the child in respect of whom this application is made, and the sex and age of each child. Regulation 12	

LODGINGS (if applicable)	
12	The address of the lodgings where the child will live if a licence is granted, (by reason of which the child has to live elsewhere than at the place where he would usually live), the name of the householder and the number of other children who will be living in the same lodgings. Regulation 13
TRAVEL	
13	Approximate length of time which the child will spend travelling Regulation 15 (a) to the place of the performance, rehearsal or activity. (b) from the place of performance, rehearsal or activity. (c) and the arrangements for transport.
EARNINGS	
14	The sums to be earned by the child in taking part in the performance or activity in respect of which the licence is requested.
	Per Performance £ Total Performance £
OTHER LOCAL AUTHORITY CHILDREN	
15	Name of any other licensing authority to which an application has been made for another child to take part in the performance or activity to which this application relates.
	Total number of children in the production.

Thank you for filling in Part 1 of the Licence Application.
Please check that all relevant sections have been fully completed.
Part 2 of the Licence Application is to be completed by the parent/guardian.
Part 3 of the Licence Application is to be completed by the head teacher of the school (if applicable.)

When all Parts are completed, please send the Licence Application to:

Becky Hartshorn
Senior Clerical Assistant
Education Welfare Service
Concorde House
Carr Lane
Hyde Park
Doncaster
DN4 5AA

PART 2

(to be completed by the parent/guardian)

Please give the following particulars

1	Full name of child	
2	Date of birth of child	
3	Address of child	
4	(a) Name and address of school/s attended by the child during the 12 months preceding the date of this application. (b) If the child has not attended school, please give the name and address of his private teacher. (c) Dates (if any) on which the child has been absent from school during the 12 months preceding the date of this application by reason of his taking part in a performance or activity.	

I support this application for a licence.

I certify that to the best of my knowledge the foregoing particulars are correct and I understand that if a licence is granted it will be granted subject to the restrictions and conditions laid down in the Children (Performance) Regulations 1968 and to such other conditions as the local authority or the licensing authority may impose under the said Regulations.

Full Name <i>(parent)</i>	
Address	
Telephone	
Relationship to Child <i>(Parent, Guardian or Other)</i>	
Signature of Parent	
Date	

Thank you for completing Part 2 of the Licence Application.
Please ensure that all relevant documentation is included with the Application.

PART 3

(to be completed by the headteacher of the child's school)

The Children and Young Persons Act 1963, section 37, and the Children Performances Regulations 1968 govern the involvement of children in performance and entertainment work. Doncaster Education Welfare Service requires the details below to be completed by the child's school as part of the procedure for issuing a licence.

This form should be presented by the parent or guardian at the child's school and the school is requested to complete the details below. Once completed the parent shall take this form with two passport photographs, birth certificate and the completed application for a licence form to the offices of the Education Welfare Service at Concorde House, Carr Lane, Hyde Park, Doncaster.

I _____ Head teacher of _____ am
aware that _____ who attends this school, has applied for a
performance licence. I am aware that _____ may be
absent from school for the purpose authorised by the licence. I *support/do not
support this application (**please delete as appropriate*).

Signature _____

Print Name _____

Date _____

NB. Please contact Doncaster Education Welfare Service on 01302 737258 if you wish to discuss any aspects of this form further. Thankyou.

DONCASTER METROPOLITAN BOROUGH COUNCIL

Directorate of Education and Culture, Education Welfare Service, Concorde House, Carr Lane, Hyde Park, Doncaster. DN4 5AA

**MEDICAL DECLARATION
EMPLOYMENT OF CHILDREN/PERFORMANCE LICENCES**

THIS FORM IS ISSUED BY THE EDUCATION AND CULTURE DIRECTORATE AS PART OF THE PROCEDURE FOR ISSUING A PERMIT UNDER THE EMPLOYMENT OF CHILDREN BYE-LAWS OR A LICENCE UNDER THE PERFORMANCE REGULATIONS.

IN THE EVENT OF ANY QUERIES ARISING WITH THIS FORM, PLEASE DO NOT HESITATE TO CONTACT EDUCATION WELFARE SERVICE AT THE ABOVE ADDRESS - TEL: 01302 737258

To be completed, in block letters, by the parent/guardian and returned to -

- a) in the case of an application for a work permit, to the employer (who will then return it to the above address along with form EC1); OR
- b) *in the case of an application for a performance licence, with your application form to the above address marked clearly for the attention of the Education Welfare Service*

THIS FORM SHOULD BE COMPLETED AND RETURNED AS SOON AS POSSIBLE

This form is in support of an application for a: Performance Licence Employment permit
(Please tick the appropriate box)

CHILD'S DETAILS

Surname: Forenames:

Date of Birth: Address:

Post Code: Telephone Number:

School:

Family Doctor: Address:

Child's Employer or
Theatrical Agent or Dance School etc

Address

Description of work or performances

CHILD'S HEALTH

Does your child have any medical condition or do you have any concern(s) about his/her health that might affect his/her ability to undertake the activity as stated above?

YES/NO (please delete as appropriate)

If **'YES'** please give details
.....
.....
.....

Have you discussed these concerns and this application for a work permit/licence with your child's General Practitioner or other doctor involved.

YES/NO (please delete as appropriate)

(This information will not necessarily prevent your child from being employed or from performing).

It may be helpful for arrangements to be made for you and your child to have a medical consultation to address any concerns you have identified. If you are offered an appointment, but are unable to keep it, please ensure that you inform the Department of Child Health as soon as possible.

DECLARATION OF PARENT/GUARDIAN

I authorise the Department of Child Health to seek information, if necessary, from my child's General Practitioner. I confirm that I have considered carefully the likely impact of the employment/performance upon his/her health and education and, in my opinion, I believe that this activity will not have an adverse effect.

Name (in block letters)

Signed **Date**
(Parent/Guardian)

PLEASE DO NOT WRITE BELOW THIS LINE

DEPARTMENT OF CHILD HEALTH USE ONLY

MEDICAL OPINION

(please delete "not" as appropriate)

I certify that, in my opinion, employment/performance will *not* be prejudicial to the health or physical development of this child and is *not* likely to have an adverse effect upon his/her education.

Signed **Date**

Designation