Shape, circle

Description automatically generated**Form E**

**Application for approval of activities**

This form is to be completed by the activity/event/group leader or other designated church representative for the purpose of seeking approval for the activity.

This form, when completed, should be submitted to the MAC/PCC Priest together with a completed Risk Assessment and appropriate consent forms from those with parental responsibility for the children who will be involved in the activity.

The MAC Priest or PCC needs to sign and agree that the activity has been approved and a copy of this approval kept by the Priest.

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| **APPLICATION FOR APPROVAL OF EVENTS AND ACTIVITIES WITH CHILDREN**  **(BY MAC/PCC PRIEST OR LEADER OF THE ORGANISATION)** | | | | | | | | | | | | | |
| **MAC/PCC**  **Organisation** | | | |  | | | | | | | | | |
| **Event Leader:** | | | | This person will also take the lead in dealing with any safeguarding concerns. | | | | | | | | | |
| **Details of**  **Activity/Event:** | | | |  | | | | | | | | | |
| **Places to be**  **visited:** | | | |  | | | | | | | | | |
| **Date of Departure:** | | | |  | | | | | **Time:** | | | |  |
| **Date of Return:** | | | |  | | | | | **Time:** | | | |  |
| **Transport arrangements:** Include the name of the transport company if known *(where applicable)* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Name and address of accommodation to be used:** *(where applicable)* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Tel No:** | | | |  | | | | | | | | | |
| **Named Head of**  **Centre:** *(if known)* | | | |  | | | | | | | | | |
| **Details of any hazardous activity and the associated planning, organisation and staffing:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Insurance arrangements:** Please provide details of insurance provision for the activity/event i.e. is it covered by existing diocesan arrangements? If not, what arrangements will be made? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Names, gender, experience and specific responsibilities of adult leaders:**  *(To check a box - right click on it – properties – check – ok)* | | | | | | | | | | | | | |
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| **Proposed size and composition of the group:** | | | | | | | | | | | | | |
| **Age range:** | | |  | | | | **Adult**  **to child ratio:** | | | |  | | |
| **Number of boys:** | | |  | | | | **Number of girls:** | | | |  | | |
| **Any known specific needs of participants:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Contact Details of**  **Liaison Person:** | | | | |  | | | | | | | | |
| **Name:** | | | | |  | | | | | | | | |
| **Tel No:** | | | | |  | | | | | | | | |
| **PLEASE ATTACH A COPY OF ANY INFORMATION SHEET SENT TO PARENTS, PARENTAL CONSENT FORMS AND THE RISK ASSESSMENT FORM (IF REQUIRED TO BE COMPLETED BY THE church/MAC/ministry area/mission area)** | | | | | | | | | | | | | |
| **Risk assessment to be undertaken:** | | | | | | | | | | | | | |
| **By:** |  | | | | | | | **On:** | |  | | | |
| **Signed:** |  | | | | | | | **Date:** | |  | | | |
| **Event Leader:**  *(Full Name)* |  | | | | | | | | | | | | |
| **Event**  **approved:** | **Yes** | | | |  | | | **No** | |  | | | |
| **Risk**  **Assessment**  **received:** | **Yes** | | | |  | | | **No** | |  | | | |
| **Consent**  **forms**  **received:** | **Yes** | | | |  | | | **No** | |  | | | |
| **Any comments** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **The person completing this form must sign below and then send the form to the MAC/PCC Priest**  **PCC/MAC for approval and signature.** | | | | | | | | | | | | | |
| **Signed:** | |  | | | | | | | **Date:** | | |  | |
| **Position:** | |  | | | | | | | | | | | |
| **This activity was approved/not approved** *(delete as appropriate)* **by MAC/PCC Priest/designated PCC/MAC member.** | | | | | | | | | | | | | |
| **Signed:** | |  | | | | | | | **Date:** | | |  | |
| **Position:** | |  | | | | | | | | | | | |