

APPLICATION FOR APPROVAL OF EVENTS AND EVENTS WITH CHILDREN AND YOUNG PEOPLE (BY PARISH PRIEST OR LEADER OF THE ORGANISATION)			
<b>Parish/Organisation:</b>			
<b>Event Leader:</b>			
<b>Details of Activity/Event:</b>			
<b>Places to be visited:</b>			
<b>Date of Departure:</b>		<b>Time:</b>	
<b>Date of Return:</b>		<b>Time:</b>	
<b>Transport arrangements:</b> Include the name of the transport company if known ( <i>where applicable</i> )			
<b>Name and address of accommodation to be used:</b> ( <i>where applicable</i> )			
<b>Tel No:</b>			
<b>Named Head of Centre:</b> ( <i>if known</i> )			
<b>Details of any hazardous activity and the associated planning, organisation and staffing:</b>			
<b>Insurance arrangements:</b> 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?			

<b>Names, gender, experience and specific responsibilities of adult leaders:</b>			
	F <input type="checkbox"/> M <input type="checkbox"/>		
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<b>Proposed size and composition of the group:</b>			
<b>Age range</b>		<b>Adult to child ratio</b>	
<b>Number of boys</b>		<b>Number of girls</b>	
<b>Any known specific needs of participants:</b>			
<b>Contact Details of Liaison Person:</b>			

<b>Name:</b>			
<b>Tel No:</b>			
<b>PLEASE ATTACH A COPY OF ANY INFORMATION SHEET (OR SAMPLE SHEET) SENT TO PARENTS, THE PARENTAL CONSENT FORM AND THE RISK ASSESSMENT FORM (IF COMPLETED AT THIS STAGE).</b>			
<b>Risk assessment to be undertaken:</b>			
<b>By:</b>		<b>On:</b>	
<b>Signed:</b>		<b>Date:</b>	
<b>Event Leader:</b> <i>(Full Name)</i>			
<b>Event approved:</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Risk Assessment received:</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Any comments:</b>			
<b>Signed:</b>		<b>Date:</b>	
<b>Position:</b>			