



SGD009 V1: CASE 2 - Application for Approval of Events and Activities with Children and Young People

To be completed by the Event Leader,
and submitted to the Parish Priest or Leader of the Organisation / Congregation for approval.

(i) General Event Details			
Parish / Organisation	Parish / Organisation		
Name and contact details of liaison person	Name and contact details		
Event Leader	Name and role		
Event Description	Details		
Venue(s) & Location(s)	Details		
Start Date / Date of Departure	Date	Timing	Time
End Date / Date of Return	Date	Timing	Time
(ii) Transportation & Accommodation			
Transport Arrangements	Details		



Transportation Provider (Please include the name of the transport company if known where applicable incl. key contact details)	Name
Travel Insurance Details (where applicable)	Name
Name & Address of Accommodation to be Used (where applicable) incl. key contact details	Accommodation
Fire and Health & Safety Policies reviewed	Name
(iii) Activity Details	
Activity / Event	Description
Aims and Objectives of Activity / Event	Aims & Objectives
Reason for Activity / Event	Reason
Details of any planned, hazardous activity or associated planning, organisation and staffing.	Details
Insurance arrangements i.e. is it covered by existing diocesan arrangements? If not, what arrangements will be made?	Insurance



(iv) Event Leaders (please include more rows as required)

Adult Leader Full Name	Gender & manner of address	Responsibilities	Experience / Training	Date of last DBS Disclosure relevant to role
Full Name	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefers not to be categorised <input type="checkbox"/> Other: specify	Details	Details	Details
Full Name	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefers not to be categorised <input type="checkbox"/> Other: specify	Details	Details	Details
Full Name	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefers not to be categorised <input type="checkbox"/> Other: specify	Details	Details	Details
Full Name	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefers not to be categorised <input type="checkbox"/> Other: specify	Details	Details	Details
Full Name	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefers not to be categorised <input type="checkbox"/> Other: specify	Details	Details	Details

(v) Event Participants

Age range	Between Lower age	And Upper age	Adult-child ratio	ratio
Number of boys	Number		Number of girls	Number



Any known specific needs of participants	Details
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(vi) Risk Assessment

Full Name of person carrying out risk assessment	Name of Risk Assessor		
Role	Role		
Contact details	Contact		
Key Comments & Concerns	Key comments and concerns		
Signed	Signature	Date	Date

(vii) Approval by Organisation Leader / Parish Priest or Religious / Congregation Leader

The following documents are attached for review:

Information sheet (or sample sheet) sent to parents; Parental consent form;

Risk assessment form (if completed at this stage).

Name	Name		
Position / Role	Role		



Required amendments	Amendments		
Event approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending:	Risk Assessment Received?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending:
Signed	Name	Date	Date