**4 Day Rule Exemption Form**

**CHILDREN AND YOUNG PERSONS ACT 1963 Section 37 subsection (3)(a)**

I hereby give notice that the under-mentioned children will take part in a performance at (address of performance):

……………………………………………...…………………………………………………………………………………………………………………………………….

on (date dd/mm/yy): …………………………….……. …………... commencing (times): ……………….…………. to ………………..……………..

Title of Show/Production ………………………………………………… Rehearsal dates 14 days prior to first performance ……………………………………..

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Children:** | | | | | | | |
|  | **0-4** | | **5-8** | | | **9 and over** | |
| **Children Performing by gender and age:** | Male | Female | Male | Female | | Male | Female |
| Children residing in Bradford |  |  |  |  | |  |  |
| Children residing in other authorities, please state name and split by authority eg Leeds, Kirklees | | | | | | | |
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| **TOTALS:** |  |  |  | |  |  |  |

**Chaperones:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of chaperone** | **DOB** | **Registering Authority** | **Expiry date –**  **(for office use)** |
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The children involved in this performance must not have performed on more than 4 days in the last 6 months including the dates of the performance noted above, the children must not require time of school and there should be no payment in respect of his/her taking part in the performance, other than for defraying expenses made to him/her or to another person, for the 4 day rule exemption to apply. Please confirm that you have received written confirmation from parents to evidence this.

Group/Production Name: ……………………………………………………… Person Responsible For Performance: ……………………………………….…

Tel No: …………………………………………………….. Email address: ………………………………………………………………………………………….

Address: ……………………………………………………………………………………………………………………………………………………………………...

Signature: ………….……………………………………………………………..…. Date: ……………………………………………………………………….……

PLEASE RETURN COMPLETED FORM ALONG WITH A COPY OF YOUR CHILD PROTECTION POLICY & RISK ASSESSMENT WITHIN 21 DAYS OF THE START OF THE SHOW TO : Tara Watson, City of Bradford Metropolitan District Council, Education Social Work Service, 6th Floor, Margaret McMillan Tower, Princes Way, Bradford BD1 1NN or [cee@bradford.gov.uk](mailto:cee@bradford.gov.uk)