

Children (U18) Present

Abbey Meads Community School Facilities,

Hugo Drive, Swindon, SN25 4GY

Tel No. 01793 723239

Email: admin@abbeymeads.swindon.sch.uk

Applications not completed in full will be returned, please contact us if you need assistance.

Name of Organisation/Team:	Name of Leader:
Registered address of Organisation:	Address of Leader (if different from Organisation)
Post Code:	Post Code:

Contact info:

Email address	
Mobile Tel:	
Landline Tel No:	

NOTE: you will be charged for each session booked, except where AMCFMG have cancelled due to facilities not fit for purpose or school is closed (ie Bank Holiday), or Hirer cancels as per the terms of the Lettings Agreement.

[illegible]

Please complete Sections 1-5 below as required

Will all children under 18 years old (U18) be accompanied by their parent/guardian <i>(please tick the box that applies)</i>	If YES , please complete Sections 2, 3, 4. <input type="checkbox"/>	If NO , please complete Sections 1, 2, 3, 4 <input type="checkbox"/>
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Section 1: Safeguarding

ONLY COMPLETE THIS SECTION IF BOOKING INVOLVES PEOPLE UNDER 18 YEARS				Is this Organisation Ofsted Registered?		YES / NO	
If YES , please give your Ofsted Date of Registration :				Registration Number:			
If NO , (not registered with Ofsted), does the Organisation have a Child Protection Policy			YES / NO (If YES copy of Policy must be attached to this booking form)				
<p>If NO child protection policy, then a copy of the Local Safeguarding Children Board Policy is available for adoption – go to http://swindonlscb.org.uk/model_child_protection_policy - community organisations 17-3-09.pdf</p> <p>- A Policy must be in place and a copy sent to us before your booking is accepted.</p>							
Please provide the following information relating to Adults: (include all Leaders / Instructors / Trainers who regularly attending this session) Please attach additional sheets if required.							
NAME	ADDRESS	TEL NO	Date of Enhanced CRB	CRB Processing Authority	Date of Child Protection Training	Child Protection Training Provider	
Have all other adults been provided with basic child protection training?			YES / NO		If NO , LSCB Foundation Training is available – Tel 01793 463803 or go to www.swindonlscb.org.uk		

Section 2 : Physical Activities where instruction takes place.

To enable us to process this application you must submit the following documents.

a) Instructor Indemnity Insurance

☐

b) Evidence of competency to instruct e.g. Coaching certificates or affiliation to a National Organisation

☐

Documents
enclosed
(*tick*)

Section 3: Insurance - *Please tick either (a) or (b)*

a) I confirm that I / My organisation has appropriate insurance including £5 million public liability of which a copy is **enclosed**

☐

b) I / My organisation does not have the required Public Liability Insurance please invoice at a cost of 10% of the hiring fee (Please note for certain activities we are unable to arrange Public Liability Cover. Examples of such activities are political meetings, large public events or events that have a number of contributors.)

☐

Tick box if
you agree
(*tick*)

Section 4: To be completed by all organisation

a) I agree to keep a register of members in attendance at each session, and a central record of contact details for each member of the organization.

☐

b) I agree to ensure that all members in attendance are informed that they may only access the designated room(s)/area(s) and MUST NOT attempt to access any other area.

☐

c) I confirm that all information provided by myself, or organisation, in the form above is accurate.

☐

d) I understand, where children or young people are present that I must notify the school if there has been a change in Ofsted registration or adults regularly attending and that failure to do so could result in a termination of the agreement.

☐

I, the Hirer, confirm that I / my organisation has completed this Booking Form to the best of I / my knowledge and acknowledge receipt of and have read and understood the terms and conditions within the Lettings Agreement and agree to adhere to them. I / my organisation will at all times follow this advice and comply with and be bound by the conditions of hiring in the Lettings Agreement and Booking Form. A failure of a relevant hirer to observe this condition would result in a withdrawal of the use of the facilities. I declare that I am over 18 years of age.

Signature:

Name in Print:

Date:

For school use only:-

YES / NO

Confirmation of Ofsted registration (where relevant)

YES / NO

Confirmation that a copy of Child Protection Policy (CPP) has been provided to the School

YES / NO

Confirmation that the CPP covers at least the minimum requirements (tick below)

Date evidenced

Are the following included in the Child Protection Policy:

Acknowledges that the organization should be working within the South West Child Protection Procedures (SWCPP)

Stated how the organization will seek to keep children and young people safe.

Identifies how to make a referral, who to contact both daytime and out of hours.

Includes a statement about the importance of maintaining confidentiality.

States the process for dealing with allegations against a member of the Organisation.

Details how training will be accessed and frequency of training.

Includes a statement that all staff and/or volunteers regularly attend CPP training, have an enhanced CRB check, and that all references have to be sought, before the member of staff/volunteer can work with children and young people.

**IF ALL THE ABOVE STATEMENTS HAVE BEEN POSITIVELY EVIDENCED
WITHIN THE CHILD PROTECTION POLICY CAN IT BE SIGNED OFF.**

I confirm that where adults who have not been CRB checked are present, that the room(s)/area(s) being let are physically segregated, in order to safeguard pupils and staff.

Name and signature of Head Teacher or Designated Member of Staff.

Name: _____ **Signed:** _____

Job Title: _____