

# Roman Catholic Diocese of East Anglia



Form Ref: CaSE 2

## APPLICATION FOR APPROVAL OF EVENTS AND ACTIVITIES WITH CHILDREN AND YOUNG PEOPLE (BY PARISH PRIEST OR LEADER OF THE ORGANISATION)

Parish/Organisation			
Event Leader			
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)	
Telephone Number	
Named Head of Centre (if known)	

Details of any hazardous activity and the associated planning, organisation and staffing:

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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:			
	F <input type="checkbox"/>	M <input type="checkbox"/>	
	F <input type="checkbox"/>	M <input type="checkbox"/>	
	F <input type="checkbox"/>	M <input type="checkbox"/>	
	F <input type="checkbox"/>	M <input type="checkbox"/>	
	F <input type="checkbox"/>	M <input type="checkbox"/>	
	F <input type="checkbox"/>	M <input type="checkbox"/>	
	F <input type="checkbox"/>	M <input type="checkbox"/>	
	F <input type="checkbox"/>	M <input type="checkbox"/>	
	F <input type="checkbox"/>	M <input type="checkbox"/>	
	F <input type="checkbox"/>	M <input type="checkbox"/>	

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			

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Telephone Number	
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**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).**

Risk assessment to be undertaken			
By		On	

Signed		Date	
Event leader full name			
Event approved	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Risk Assessment received	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Any comments:			
Signed		Date	
Position			