

## Safeguarding Details for External Hirers

Name of Group \_\_\_\_\_ Affiliated Association \_\_\_\_\_

Please attach a copy of your Child Protection/Safeguarding document

ACTIVITY				Regulated Activity			Supervision		EMERGENCY CONTACTS	
Name	Type	Day	Start/Finish	Child/VA/Neither	No of children/VAs (MAX)	Age Range	Adult/Child Ratio (Parents Present)	Minimum On site Supervision	Name/Tel/email Safeguarding Officer	Keyholder
Example Basic Tap	Dance	Tue	3-4pm	Child	12	4 - 5	1:5	2	Miss Responsible Adult 020 8504 NNNN RA@domain.com	A N Other

NB All information will be held in accordance with the Data Protection Act 1998