

PARISH GROUP – Registration Form			
(For help completing this form, please email safeguardingstjosephswetherby@gmail.com)			
Parish/Organisation:	ST JOSEPHS, WETHERBY LS22 6LL		
Name of Parish Group:			
Aims & Objectives:			
Where will the Group meet:			
When will the Group meet:			
Planned Trips/Outings please give details:			
Group Leader/Main Contact:			
Contact Telephone:			
Contact Email:			
Insurance arrangements:			
Parish Groups that meet at St Josephs (and are approved by the Parish Priest) are covered by the Parish Insurance. Please provide details of insurance provision if the Group is to be held off-site.			
Please give names and contact details of other regular group leaders/helpers			
Name:	Phone No:	Email:	Does the individual have a current DBS, please give details:

Proposed size and composition of the group:			
Age range		Group Size (number of people attending)	
Number of boys		Number of girls	
A minimum of two leaders should always be present for all groups involving children and young people (maintaining the gender balance where possible).			
Risk assessment to be undertaken:			
By:		On:	
Signed:		Date:	
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).			
For Office Use:			
Risk Assessment received:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Parental Consent Forms Reqd:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Event Approved:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Signed: Parish Priest		Date:	