Event Form – Notification to Safety Advisory Group

**Please answer all questions as fully as possible.**

An Event Safety Guide has been produced which provides advice and guidance to running a successful event

|  |  |
| --- | --- |
| Name of event |  |

|  |  |
| --- | --- |
| Event location – Landowner name |  |

|  |  |
| --- | --- |
| Event location – Landowner address |  |

|  |  |
| --- | --- |
| Event location – Landowner address |  |

|  |  |
| --- | --- |
| Event location – Postcode |  |

|  |  |
| --- | --- |
| Event date |  |

|  |  |  |
| --- | --- | --- |
| Have you held this event before? |  | Yes. |
|  |  | No. |

|  |  |
| --- | --- |
| Are there any changes to this year’s event from previous years? Please specify. |  |

# Section One – Organiser Details

|  |  |
| --- | --- |
| Name of organisation |  |

|  |  |
| --- | --- |
| Name of event organisers |  |

|  |  |
| --- | --- |
| Contact address – street |  |

|  |  |
| --- | --- |
| Contact address – town |  |

|  |  |
| --- | --- |
| Contact address – county |  |

|  |  |
| --- | --- |
| Contact address – postcode |  |

|  |  |  |
| --- | --- | --- |
| How do you wish to be contacted |  | Home Tel. |

|  |  |  |
| --- | --- | --- |
|  |  | Work Tel. |

|  |  |  |
| --- | --- | --- |
|  |  | Mobile |

|  |  |  |
| --- | --- | --- |
|  |  | Email **(please note that this is the preferred method of contacting you)** |

**Note: Please give more than one contact number where possible**

|  |  |
| --- | --- |
| Telephone – Home |  |

|  |  |
| --- | --- |
| Telephone – Work |  |

|  |  |
| --- | --- |
| Telephone – Mobile |  |

|  |  |
| --- | --- |
| Email address |  |

|  |  |
| --- | --- |
| Event public enquiries contact number |  |

# Section Two – Event Details

|  |  |
| --- | --- |
| Description of event proposed |  |

|  |  |  |
| --- | --- | --- |
| Is this a (please select one box only): |  | Registered Charity? |

|  |  |  |
| --- | --- | --- |
|  |  | Non-Registered Charity? |

|  |  |  |
| --- | --- | --- |
|  |  | Other |

|  |  |
| --- | --- |
| Name of Charity (where applicable) |  |

|  |
| --- |
|  |

Charity registration number (where applicable)

|  |  |  |
| --- | --- | --- |
| Date/time to enter site for preparation |  |  |

|  |  |  |
| --- | --- | --- |
| Start time each day |  |  |

|  |  |  |
| --- | --- | --- |
| Finish time each day |  |  |

|  |  |
| --- | --- |
|  |  |

Date/time the site will be vacated after

the event

|  |  |  |
| --- | --- | --- |
| Does the event have free entry? |  | Yes |

|  |  |  |
| --- | --- | --- |
|  |  | No |

|  |
| --- |
|  |

Approximate number of people expected to attend?

**Note: Under certain circumstances, a fixed number of people may be imposed by the licensing authority.**

|  |
| --- |
|  |

Approximate age of audience profile,

e.g. children?

Please give a brief description of the

crowd profile?

Briefly describe provisions made for

people with special needs and

lost & found children?

|  |  |
| --- | --- |
|  | Highway Directional Signs |

Do you intend to use the following?

(Written approval must be obtained

|  |  |
| --- | --- |
|  | Banners/Posters |

from the local authority for their use)

|  |  |
| --- | --- |
|  | Neither |

|  |
| --- |
|  |

Please provide full details of

signs/posters etc.

**Note: You are advised that the Council reserve the right to remove any unauthorised advertising and to recover the cost incurred from the event organisers**

## Activities

|  |  |  |
| --- | --- | --- |
| Do you intend to utilise or permit  any of the following activities at  the event? |  | Fireworks/pyrotechnics/lasers/Chinese lanterns |
|  |  |
|  | Running/cycling event |

|  |  |  |
| --- | --- | --- |
| **Guidance** – please refer to the links throughout the Event Safety Guide |  | Fairground equipment/attractions |
|  |  |
|  | Aircraft |

|  |  |  |
| --- | --- | --- |
|  |  | Parachutists |
|  |  |
|  | Balloon Launch (you need to contact the Civil Aviation Authority for permission |

|  |  |  |
| --- | --- | --- |
|  |  | Hot air balloons |
|  |  |
|  | Food/drink concessions |

|  |  |  |
| --- | --- | --- |
|  |  | Re-enactment groups |
|  |  |
|  | Inflatables (e.g. bouncy castle) |

|  |  |  |
| --- | --- | --- |
|  |  | Portable staging |
|  |  |
|  | Water related activities |

|  |  |  |
| --- | --- | --- |
|  |  | Animals |
|  |  |
|  | Motor vehicles |

|  |  |  |
| --- | --- | --- |
|  |  | Live music/broadcasting pre-recorded music#\* |
|  |  |
|  | Live entertainment#\* |

|  |  |  |
| --- | --- | --- |
|  |  | Barrier/fencing |
|  |  |
|  | Marquees |

|  |  |  |
| --- | --- | --- |
|  |  | Viewing stands |
|  |  |
|  | Portable generator |

|  |  |  |
| --- | --- | --- |
|  |  | Power supply |
|  |  |
|  | Alcohol (including mulled wine) # |

|  |  |  |
| --- | --- | --- |
|  |  | Bonfire/Barbecue |
|  |  |
|  | Video/Photography |

|  |  |  |
| --- | --- | --- |
|  |  | Market stalls |
|  |  |
|  | Living history or other |

|  |  |  |
| --- | --- | --- |
|  |  | PA system |
|  |  |
|  | On site communication |

|  |  |  |
| --- | --- | --- |
|  |  | Other |

|  |  |
| --- | --- |
| **Please note** for each activity identified, please give details of the following:   * Details about the nature of the attraction/activity; * if provided by an external contractor, their contact details; * the start and finish times of the attraction/activity * measures in place to ensure public safety |  |

|  |  |
| --- | --- |
| **Please note** that for some activities #, a licence may be required. Please confirm that you have contacted the Local Authority Licensing Officer on 0300 131 6000 |  |

|  |  |
| --- | --- |
| Please give further details of ‘Other’ attractions |  |

**Please add extra details where applicable**

**N.B. You may be contacted by the emergency services and the Council’s Environment Health Section to provide more specific information**

## Stewards

All events will require stewards, clearly identified with reflective tabards/jackets

|  |  |
| --- | --- |
| Details of stewards |  |

## Roads

|  |  |  |
| --- | --- | --- |
| Do you anticipate the need for: |  | Road closure |

|  |  |  |
| --- | --- | --- |
|  |  | On street parking |

|  |  |  |
| --- | --- | --- |
|  |  | Traffic diversion |

|  |  |  |
| --- | --- | --- |
|  |  | Car park closure |

|  |  |  |
| --- | --- | --- |
|  |  | Not applicable |

|  |  |
| --- | --- |
| If you have selected any of the  above, please provide full details  of locations, dates and times |  |

**You may require a road closure order – please contact the Highways Team. Please allow 12 weeks for this to be arranged**

Date of Submission of road closure application to Highways: -

|  |  |
| --- | --- |
| Please provide details of the number, weight and size of participating and/or delivery vehicles and whether they intend to remain on site overnight? |  |

## Toilet arrangements

|  |  |
| --- | --- |
| You will be required to ensure that the toilet facilities are adequate. Please submit details of your proposals to include method of disposal and if toilets are hired, the name and address of the hire company. You will also need to ask the hirer for copies of COSHH forms for  any chemicals used: |  |

## Litter

|  |  |
| --- | --- |
| Please identify the method to be used in order to maintain the area free of litter and refuse: |  |

**Notes re: litter:**

1. The event organiser should ensure that the site is regularly litter-picked during the event and at the end of each day to ensure that the council’s obligation under the Environmental Protection Act 1990 - Code of Practice on Litter and Refuse is discharged. If the event organiser fails to do this then the council reserves the right to carry out the works in default and charge the event organiser the cost incurred.

2. It is the event organiser’s responsibility to arrange removal of all rubbish from the site. You will not be permitted to use any council skip/litter bins etc. for disposal.

3. Where permanent catering facilities are available in the vicinity of the site where the event will take place, the organisers must advise the caterers at least one month before the event takes place of the refreshments they will be providing.

## Car parking

|  |  |  |
| --- | --- | --- |
| Will you be requiring car parking space for event staff and/or general public? |  | Yes |
|  |  |
|  | No |

|  |  |
| --- | --- |
| If yes, please indicate the approximate number of vehicles attending the event, indicate on your site plan your proposed car parking area and how you intend to manage the parking of these vehicles, and entry and exit points (stewarding arrangements) |  |

|  |  |
| --- | --- |
| If no, please indicate other arrangements for parking |  |

|  |  |
| --- | --- |
| Does the event have an entry fee for parking?  Please give details of the location of the pay point on the site plan (giving consideration to preventing congestion on the road) | Yes  No |

# Section Three

## Insurance

1. Event organisers are required to hold a current policy of Insurance in respect of Public Liability or Third Party risks (including products liability where appropriate) and Employee Liability Insurance.

2. Organisers will be required to produce evidence of their insurance cover together with that of any exhibitor, band/dance group, sub-contractor, caterer etc. whom they have instructed/authorised to appear at the event.

## Risk assessments

1. Please complete an Event Risk Assessment document

2. Please complete a Fire Based Risk Assessment document to conform with The Regulatory Reform (Fire Safety) Order 2005

3. Please complete a COVID-19 Risk Assessment

# Section Four – Emergency Services

|  |  |  |
| --- | --- | --- |
| Have you contacted the following? If so please select and add names below |  | Police |
|  |  |
|  | South Central Ambulance Service |

|  |  |  |
| --- | --- | --- |
|  |  | Fire & Rescue Service |

|  |  |  |
| --- | --- | --- |
|  |  | First Aid Provider |

|  |  |  |
| --- | --- | --- |
|  |  | None |

|  |  |
| --- | --- |
| Police contact name: |  |

|  |  |
| --- | --- |
| SC Ambulance Service contact name: |  |

|  |  |
| --- | --- |
| Fire/Rescue contact name: |  |

|  |  |
| --- | --- |
| First Aid Provider contact name: |  |

|  |  |
| --- | --- |
| Please supply details of First Aid cover\*(First aiders should not have any other role for the event) |  |

|  |  |
| --- | --- |
| Have you checked that the medical/first aid providers are registered? | Yes  No |

# Section Five – Additional Requirements

**The following supporting documentation will be required with the notification form and the event will not be assessed by the SAG until all the information is provided. Please note however that the extent and degree of detail required should be proportionate to the size and nature of the event.**

Where necessary, a detailed site plan showing the positions of permanent structures, toilets, first aid, access in and out for emergency vehicles, stalls, marquees, arena, exhibition units, car parking etc. and list of programme items is required. In respect of races etc. a detailed route plan showing location of route marshals must be provided.

I have enclosed where necessary the following documentation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Site/route plan |  | Yes |  | To follow |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Event management plan |  | Yes |  | To follow |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medical plan |  | Yes |  | To follow |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Risk assessment (health & safety) |  | Yes |  | To follow |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Risk assessment (fire) |  | Yes |  | To follow |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Noise management plan |  | Yes |  | To follow |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insurance for event organiser |  | Yes |  | To follow |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insurance for individual participants |  | Yes |  | To follow |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Draft emergency plan |  | Yes |  | To follow |

|  |
| --- |
|  |

I declare that I have read and understood the [Event Safety Guide](http://www.chiltern.gov.uk/CHttpHandler.ashx?id=738&p=0):

|  |  |
| --- | --- |
| Name of form filler: |  |

|  |  |
| --- | --- |
| Position: |  |

|  |  |
| --- | --- |
| Date of form completion: |  |

Please return this form and any additional supporting documentation electronically to [environmentalhealth@buckinghamshire.gov.uk](mailto:environmentalhealth@buckinghamshire.gov.uk)

Environmental Health – Commercial Team

Housing and Regulatory Services

Buckinghamshire Council

Walton Street

Aylesbury

HP20 1UA

Once submitted, the form and supporting documentation will be circulated to the SAG members for their consideration.  You may be asked to provide further information in support of your event and in some cases be requested to attend a Safety Advisory Group meeting to discuss areas that are felt to need further clarification. It will be the event organiser’s responsibility to then take the appropriate actions to discharge their responsibilities.

The Safety Advisory Group will not give permission for an event to go ahead nor does it have the powers to stop an event, unless as part of a statutory requirement. Therefore, all being well, you would not hear further from us unless you need further advice or there are significant issues which need to be addressed.

**After this form has been submitted, any changes in the arrangements or attractions at the event should be notified to the Safety Advisory Group in writing.**