# STROUD SAFETY ADVISORY GROUP

# NOTIFICATION OF PROPOSED EVENT

### DATE AND TIME OF ENQUIRY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| NAME AND LOCATION OF EVENT |  |
| NAME, ADDRESS OF ENQUIRER |  |
| NAME AND ADDRESS OF ORGANISER (if different from above) |  |
| YOUR CONTACT DETAILS | Tele No:  Mobile No:  Email: |
| TIME, DATE & DURATION  OF EVENT |  |
| TYPE OF EVENT (e.g. indoor or outdoor; musical concert; parade; carnival; road race etc). |  |
| ALCOHOL  Will there be sales of alcohol |  |
| ENTERTAINMENT  Will you have music such as live bands or DJs |  |
| HAS EVENT BEEN HELD PREVIOUSLY, IF SO WHERE, WHEN, ETC? |  |
| PROPOSED NUMBERS TO ATTEND EVENT? |  |
| WILL THERE BE ANY SPECIAL EFFECTS AT EVENT E.G. FIREWORKS, LASERS? |  |
| DO YOU HAVE A WRITTEN EVENT MANAGEMENT PLAN? |  |
| WHAT RISK ASSESSMENTS HAVE YOU CARRIED OUT FOR THE EVENT? |  |
| ARE YOU/IS YOUR ORGANISATION COVERED BY INSURANCE?  IF SO, WHAT TYPE (EMPLOYERS/PUBLIC LIABILITY ETC.)?  WHAT IS THE FINANCIAL LIMITATION ON THE INSURANCE  (£5 MILLION/£10 MILLION ETC.) IN THE EVENT OF A CLAIM AGAINST YOU/YOUR ORGANISATION? |  |
| ANY OTHER DETAILS THAT YOU THINK THAT THE SAFETY ADVISORY GROUP SHOULD BE AWARE OF |  |

You must obtain the consent of the owner of any privately owned site that you intend to use for the event before submitting this form.

Where an event is taking place on or using Council property you shall obtain the written permission of the manager of the site and the event organiser shall indemnify the Authority against all actions, proceedings, claims and liability howsoever arising and will require public liability insurance of at least £5 million. A copy of the current insurance certificate must be submitted with this form.

SIGNED …….……………………………………DATE……………………………………

NAME (please print) ………………………………………………………………………..

Contact details of the person and organisation/department receiving the information:-

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*For office use only*

## SAFETY ADVISORY GROUP RECIPIENT - PLEASE SEND THIS FORM TO ALL AGENCIES