

Events Application and Risk Assessment Form

Farnham Royal Parish Council is committed to ensuring that any events organised by any councillor, working group or committee on its behalf or any event organised on land it manages by a third party should be as safe as reasonably possible. To that end it requires that the organisers of any such event provides the personal details below and submits in good time a formal risk assessment .

Event Title and Location	
Event Date(s)	
Please describe the event and the main attractions	
Event Organiser Name and Address	
Phone number Mobile number E-Mail address	
Nominated Safety Officer	
Phone number Mobile number E-mail address	
Temporary Structures - please provide a plan of these	
Catering - Please provide contact details of any food vendors	

Stewards - Please state number	
Numbers Attending (note a TENS license is necessary for certain matters with a max of 499)	
<p>First Aid & Medical Provision (First aiders should not have any other role for the event)</p> <p>Have you checked that the medical/first aid provider are registered?</p>	<p>Please tick Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Lost & Found Children - may we have a brief report of your policy on this	
Provision for People with Special Needs - may we have a brief report of your policy on this	
Security - may we have a brief report of your policy on this	
<p>Event Public Liability/Indemnity Insurance Please provide a copy if non-PC event</p>	
Traffic and parking - may we have a brief report of your policy on this	
Performers - are they appropriate and insured	
Facilities & Utilities - details please (Including portaloos)	

<p>Contingency Plan - may we have a brief report of your policy on this</p>	
<p>Clearing Up - may we have a brief report of your policy on this</p> <p>Have the waste management teams at SBDC been notified for the hire of bins for the event?</p>	
<p>Risk Assessment including a Fire Based Risk Assessment</p>	<p>PLEASE ENCLOSE A COPY OF YOUR RISK ASSESSMENT</p> <p>Please tick Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Timescale</p> <p>Date/time to enter on site</p> <p>Start time of event each day Finish time of event each day</p> <p>Date/time the site will be vacated</p>	
<p>Have you notified the emergency services?</p>	
<p>Licences and permissions - Please provide full details of any music or entertainment to be held at your event (e.g. singing, dancing, live bands, background music or any sporting events)</p> <p>Please provide full details of any alcohol that will be provided at your event including mulled wine.</p>	

After giving brief notes against each heading, please send the completed form with your risk assessment and if a third party event the insurance details to the Clerk.