

**North Norfolk Safety Advisory Group Event Application Form**

This application should be completed by the person who is responsible for Event Planning. It should be submitted 12 weeks in advance of your event.

Please complete all relevant areas (If there is insufficient space please use the additional information box provided on page 8 of this form)

|  |  |
| --- | --- |
| Name of Event | Click here to enter text. |
| Event Location | Click here to enter text. |
| Date(s) of Event | Click here to enter text. |

**Section One – Organiser Details**

|  |  |
| --- | --- |
| Name of Organisation | Click here to enter text. |
| Event Organiser(s) | Click here to enter text. |
| Contact Address (including Postcode) | Click here to enter text. |
| Contact Telephone Number | Click here to enter text. |
| Mobile Telephone Number | Click here to enter text. |
| E-Mail Address | Click here to enter text. |

**Section Two – Event Details**

|  |
| --- |
| Event Description – Please tell us about your proposed event |
| Click here to enter text. |

Is this a (please tick one box only)

|  |  |  |
| --- | --- | --- |
| Charity Event |[ ]  Fund Raising |[ ]  Non-Commercial |[ ]
| Community Service Event |[ ]  Commercial |[ ]  For Charity Event |[ ]

|  |  |
| --- | --- |
| Name of charity | Click here to enter text. |

|  |  |
| --- | --- |
| Charity registration number | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Will all income go to the Charity concerned? | Yes |[ ]  No |[ ]

|  |
| --- |
| If No, please give details |
| Click here to enter text. |

**Location of Event**

A site plan layout or plan of premises showing the position of stall, marquees, arena, exhibition units, first aid, lost children, toilets, car parking etc. and list of programme items is required. In respect of races etc., a detailed route plan which must also show location of route marshal.

|  |  |  |
| --- | --- | --- |
| Site Plan attached? | Yes |[ ]  No |[ ]

|  |  |
| --- | --- |
| Who owns the land? | Click here to enter text. |
| Has permission been obtained from the land owner? | Yes |[ ]  No |[ ]

Date to enter site for preparation

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Click here to enter text. | Time | Click here to enter text. |

Site will be vacated after the event

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Click here to enter text. | Time | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Is the Event free? | Yes |[ ]  No |[ ]

|  |  |
| --- | --- |
| If No, what is the admission price? | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Will you be selling programmes? | Yes |[ ]  No |[ ]

|  |  |
| --- | --- |
| If Yes, what is the proposed price? | Click here to enter text. |

Number likely to attend

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (1) | At any one time |  | (2) | During the event |  |
|  | Public | Click here to enter text. |  | Public | Click here to enter text. |
|  | Staff | Click here to enter text. |  | Staff | Click here to enter text. |
|  | Performers | Click here to enter text. |  | Performers | Click here to enter text. |

Age profile of audience (e.g. children/family)

|  |  |  |  |
| --- | --- | --- | --- |
| Under 18’s |[ ]  18-35 years |[ ]  36-64 years |[ ]  Over 65 years |[ ]

|  |  |  |
| --- | --- | --- |
| Have you held this Event before? | Yes |[ ]  No |[ ]

|  |
| --- |
| If Yes, please give details |
| Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Is this Event | One off |[ ]  Recurring |[ ]

|  |  |
| --- | --- |
| If Recurring, how often? | Click here to enter text. |

**Section Three – Alternative Arrangements**

|  |  |  |
| --- | --- | --- |
| Is there a possible alternative site? | Yes |[ ]  No |[ ]

|  |  |
| --- | --- |
| If Yes, where? | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Is there a possible alternative date? | Yes |[ ]  No |[ ]

|  |  |
| --- | --- |
| If Yes, when? | Click here to enter text. |

**Section Four – Event Activities**

Do you intend to utilise or permit any of the following attractions at the event? If so, please tick the appropriate boxes (some of these may not be permitted at all sites).

|  |  |  |
| --- | --- | --- |
|[ ]  Fireworks/pyrotechnics |[ ]  Power Supply |[ ]  P A System |
|[ ]  Live Entertainment |[ ]  Live Music |[ ]  Toilets |
|[ ]  Food & Drink Concessions |[ ]  Portable Generator |[ ]  Alcohol |
|[ ]  Carnival/Procession |[ ]  Motorcycles |[ ]  Market Stalls |
|[ ]  Stewarding/Security |[ ]  Lost Children Point |[ ]  Coconut Shy |
|[ ]  On Site Communications |[ ]  Portable Staging |[ ]  Marquees |
|[ ]  Fairground Equipment |[ ]  Water (site dependent) |[ ]  Barrier/Fencing |
|[ ]  Re-Enactment Groups |[ ]  Foreshore Boat |[ ]  Parachutists |
|[ ]  Inflatables (e.g. Bouncy Castle) |[ ]  Hot Air Balloons |[ ]  Balloon Launch |
|[ ]  Horses/donkeys other animals |[ ]  Other Motor Vehicles |[ ]  Train Hire |
|[ ]  Bonfire/Barbecue Permit |[ ]  Berthing Facilities |[ ]  Aircraft |
|[ ]  Living History or Other |  |  |  |  |

|  |
| --- |
| Other (please specify): |
| Click here to enter text. |

|  |
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| If you have indicated in your application you will be using ‘portable staging’ please provide specifications of the structure including details such as dimensions, stairs, handrails, etc. |
| Click here to enter text. |

**Section Five – Highway and Traffic Implications**

If a formal Traffic Order is required, please allow 6 weeks’ notice. For addition help contact Norfolk County Council Customer Service Centre on 0344 800 8020.

Do you anticipate the need for:

|  |  |
| --- | --- |
| Road closure diversion |[ ]  Traffic |[ ]
| Car park closure restriction |[ ]  On street parking |[ ]

|  |
| --- |
| If you have ticked any of the above, please provide full details or locations, dates and times. |
| Click here to enter text. |

|  |
| --- |
| Please provide details of the number, weight and size of delivery vehicles and/or participating vehicles. |
| Click here to enter text. |
| Will vehicles be left on the site overnight? | Yes |[ ]  No |[ ]
| Will there be overnight security on site? | Yes |[ ]  No |[ ]

|  |
| --- |
| You will be required to ensure 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. |
| Click here to enter text. |

|  |
| --- |
| Please identify the method to be used in order to maintain the area free of litter and refuse. |
| Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Do you intend to use: | Highway Directional Signs |[ ]  Banners/Posters |[ ]

|  |
| --- |
| Please provide full details: |
| Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Will you provide parking space for staff? | Yes |[ ]  No |[ ]
| And/or the 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 those vehicles. |
| Click here to enter text. |

**Section Six – Insurance**

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| --- | --- | --- |
| Has insurance been arranged in respect of Public Liability or Third Party risks?(including production liability where appropriate) | Yes |[ ]  No |[ ]

|  |  |
| --- | --- |
| Name of insurer | Click here to enter text. |

|  |  |
| --- | --- |
| What is the value of the cover? | Click here to enter text. |

**Please attach a copy of your Insurance Certificate**

**Section Seven – Licensing**

With the implementation of the Licensing Act 2003 if your event includes: live/recorded music, dancing, plays films, indoor sporting events, boxing or wrestling entertainment or anything of a similar description, late night refreshment, or alcohol you will need to contact North Norfolk District Council’s Licensing Team on 01263 516223 or email licensing@north-norfolk.gov.uk

|  |  |  |
| --- | --- | --- |
| Have you applied for a Temporary Event Notice? | Yes |[ ]  No |[ ]
| Have you applied for a Street Trading Licence? | Yes |[ ]  No |[ ]

**Section Eight – Health and Safety**

|  |  |  |
| --- | --- | --- |
| Have you completed a risk assessment of your venue/location? | Yes |[ ]  No |[ ]
| If Yes, please attach risk assessment to application |  |
| Attached? | Yes |[ ]  No |[ ]

|  |  |
| --- | --- |
| Please supply the name of your First Aid Company | Click here to enter text. |

Number on site of:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First aiders | Click here to enter text. | Ambulances | Click here to enter text. | Paramedics | Click here to enter text. |

If using an independent ambulance provider we recommend that you use a Care Quality Commission registered provider.

|  |  |  |
| --- | --- | --- |
| Have you completed a Medical Plan? | Yes |[ ]  No |[ ]
| If Yes, please attach medical plan to application. |  |
| Attached? | Yes |[ ]  No |[ ]

|  |
| --- |
| Name and address of nominated Events Safety Officer |
| Click here to enter text. |

|  |
| --- |
| Please indicate who you have made contact with regarding your event. |
| Click here to enter text. |

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| If you have any further comments or information in support of your event application please use the space below. |
| Click here to enter text. |

**Section Nine – Declaration**

In the event that arrangements alter to those proposed, the Safety Advisory Group will be notified in order that it may review its advice. I acknowledge that the Safety Advisory Group will not maintain its support of this event in the absence of notification of any major change to arrangements.

**Checklist of Supporting Information**

I have attached the following supporting documents:

|  |  |  |
| --- | --- | --- |
|[ ]  Event Plan |[ ]  Event Manual |[ ]  Risk Assessments |
|[ ]  Fire Assessments |[ ]  Insurance Documents |[ ]  Medical Plan |

|  |  |
| --- | --- |
| Signed | Click here to enter text. |

|  |  |
| --- | --- |
| Position | Click here to enter text. |

|  |  |
| --- | --- |
| Date | Click here to enter text. |

Please note: Copies of this application will be forwarded to all members of North Norfolk’s Safety Advisory Group including all of the Emergency Services and relevant Local Authority Services.

**Please return your completed application form to:**

By Post: North Norfolk Safety Advisory Group

 North Norfolk District Council

 Holt Road

 Cromer

 Norfolk

 NR27 9EN

By E-Mail: SAG@north-norfolk.gov.uk