***“Helping you to independently organise a safe and successful event.”***

# Event Notification Form for

# South Gloucestershire Safety Advisory Group

Name of your event:

Date of your event:

Please read each section carefully and make sure you **complete all relevant parts** of the notification form. The text boxes will expand to fit your text, so please give us as much information as possible – you will have room!

Please use the tab (⭲) to move to the next question or click on a box and either mark with a cross or insert information.

You will also be asked to attach / send documents. **All** of the **information** you are asked to provide **is essential**.

This application form comes in 9 sections:

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Please send the completed form to SAG@SouthGlos.gov.uk

For further information please see www.southglos.gov.uk/SAG

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| **Section 1: Your Organisation**In this section you need to: Give details of the organisation planning the event Give details of the person organising the event Give details of how the event will be publicised Tell us whether you will be collecting money for charity at the event |
|  |
| Name of Organisation: |                       |
| Address: |                      |
| City: |                 | Postcode: |            |
| Day telephone number: |            | Fax: |            |
| Eve telephone number: |            | Mobile: |            |
| Type of organisation (select any that apply) |
| [ ]  | Commercial organisation | [ ]  | Charity |
| [ ]  | Government / Local Auth | [ ]  | Community group |
| [ ]  | Park group | [ ]  | National charity |
| [ ]  | Not-for-profit | [ ]  | Cultural organisation |
| [ ]  | Sole trader | [ ]  | Partnership |
| [ ]  | Limited company |  |  |
| [ ]  | Other (please state) |                 |
| Number of employees |  | Number of volunteers (approximate if necessary) |  |
| Registered Charity Number (if applicable) |                 |
|  |
| **Who is organising this event?** |
| Title (Mr, Mrs, Ms etc.) |       | First Name: |                 |
| Surname (family name): |                 |
| **Has this person delivered this event before?** If so, please provide details. If not, please provide a brief overview of any previous experience they have delivering or organising similar events:  |
|  |
| Contact details for public enquiries about your event |
| Organisation’s website: |                       |
| Telephone: |                      |
| E-mail: |                      |
| **Will you be collecting funds for charity at your event?** |
| [ ]  | No |
| [ ]  | Yes – I have applied for a street collections permit |
| [ ]  | Yes – but I have not applied for a street collections permit yet  |

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| **Section 2: Your Event**In this section you need to: Tell us what the event is called and what type of event it is Give us the dates and times of your event, including ‘build’ and ‘break’ days Tell us how many people you are expecting to attend each day Tell how you plan to control entry to your event |
| **Event Name:** |                           |
| Type of event (e.g. sponsored walk / fun day):                |
| Site(s) requested: |                      |
| Date of arrival on site: |       | Time: |  |
| Date of departure from site:  |            | Time: |            |
| Date(s) of event (if different from above): |            |
| Event start time: |            | Event finish time: |            |
|  |
| **Extra notes** (e.g. if your event runs over two days and has different start or finish times, please let us know here): |
|                           |
| **Description of the event:** Please give a FULL description of your event, e.g. the activities on offer, the objectives of your event, key participants and collaborators etc. |
|                                     |
| **Will there be fireworks?** | Y / N |
| **Are there any accessibility restrictions?** If so, please state: |
|            |
| **Daily Attendance Figures:** |
| [ ]  | 50 - 100 | Your event is classed as a small event – you are encouraged to submit this form with at least 6 weeks’ notice. |
| [ ]  | 101 - 200 |  |
| [ ]  | 201 – 500  |  |
| [ ]  | 201 – 1000 | Your event is classed as a medium event – you are encouraged to submit this form with at least 2 months’ notice. |
| [ ]  | 1001 - 2000 |  |
| [ ]  | 2000 - 5000 | Your event is classed as a large event – you are encouraged to submit this form with at least 3 months’ notice. |
| [ ]  | 5001+ | Your event is classed as a major event – you are encouraged to submit this form with at least 3 months’ notice and in addition to this form we will require a comprehensive Event Management Plan. |
| Please give a target attendance figure: |                 |
|  |
| Admission Charges |
| [ ]  | Free of Charge (please state any restrictions to this, for example members only): |
|                                |
| If you are charging, please tell us how ticket sales will be managed: |
| [ ]  | Advance purchase only |
| [ ]  | At the gate only |
| [ ]  | Both advance and on the gate ticket sales |
| Please tell us how people will buy their tickets, and how entry will be managed: |
|                           |

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| Section 3: Planning Your EventIn this section you need to: Provide us with a risk assessment for your event Give us details of essential services such as first aid, welfare facilities, lost children staff, stewarding and security. Provide us with a site plan and production schedule. Give us details of how you will provide electricity to the site, and how you will manage waste (rubbish etc.) |
| Risk Assessment |
| All events need to have a suitable and sufficient risk assessment undertaken by a competent person. This assessment will identify all likely hazards associated with the event and clearly demonstrate how the event organisers will effectively manage the risks associated with those hazards.You will need to identify a competent person to carry out a risk assessment for your event to ensure that all hazards are adequately assessed and you have identified how you will reduce or eliminate such hazards. The risk assessment should include all activities or tasks involved in organising your event. This includes activities during setting up and breaking down your event, as well as activities that take place during your event. |
| Medical |
| Who will provide first aid and first aid facilities? (e.g. St John Ambulance). If you are not using a professional provider, please also tell us what training they have had: |
|                           |
|  |
| Will drinking water be provided? | [ ]  Yes |
|  | [ ]  No |
| MEDICAL PROVIDER: MEDICAL PROVIDER CONTACT DETAILS: CONTACT DETAILS FOR EVENT DAY (i.e. medical manager, event control):DO YOU HAVE AN OFF SITE TRANSFER CAPABILITY: IF NOT, HOW DO YOU PLAN ON TRANSPORTING PATIENTS TO HOSPITAL: MEDICAL PROVISION ON SITE: Number of Doctors: Number of Nurses: Number of HCPC registered Paramedics: Number of Technicians:Number of Emergency Care Assistants:Number of First aiders:Number of onsite ambulances:Number of Ambulances able to transport offsite: Any other medical provision (please state): PATIENT STATISTICS FOR PREVIOUS YEARS (IF APPLICABLE): ARE THERE PROCESSES IN PLACE FOR ALLOWING AMBULANCES THROUGH ROAD CLOSURES/ ONTO EVENT SITE IN RESPONSE TO A 999 CALL: Toilets |
| You will be required to ensure that toilet facilities are adequate. Please submit details of your proposals and if toilets are hired, the name and address of the hire company. Please include details of how many toilet units you are providing below.**Please note:** events with duration of less than 3 hours may not require toilet facilities.  |
| Standard Toilets: |                      |
| Urinals: |                           |
| Disabled Toilets: |                 |
| **Toilet Facilities Provider (if applicable):** |
| Name of provider: |                      |
| Address of provider: |                           |
|  |
| Lost Children |
| Will your event attract a family audience or anyone under 18 years of age? |
| [ ]  | Yes |
| [ ]  | No (please skip to Section 4: Stewarding, Volunteers and Security) |
| If yes, you will need to provide at least one contact for lost children. This needs to be **a dedicated role with no other responsibilities** during the event. Please provide their details below – they will require either a Police check or CRB / DBS check. |
| Full Name: |                           |
| Address: |                      |
| Postcode: |                 | Date of Birth: |            |
|  |  |
| Please describe below how you will manage Lost Children at your event and how you will identify the parent or guardian.  |
|                           |
| **Site Plan** |
| We need to see which area you would like to use in order to assess its suitability. Please attach a site map indicating the location of the event, and the positioning of any stalls, marquees or car parking etc.  |
| [ ]  | **All events** - Please attach a site map and tick this box when completed |
| **Production Schedule**If your event is longer than 4 hours in duration or attract more than 500 people, please attach a full production schedule for your event. |
| [ ]  |  I have provided a full production schedule |
|  |
| **Waste Management arrangements** |
| Please describe what waste management arrangements you are providing at your event. How will you be collecting and removing any litter? Will you be recycling your waste? |
|                                |
|  |
| Electricity Supply |
| Please provide details of the electricity supply to be used and the type of apparatus to be connected to the supply: |
|                                |
| Will you be using the mains supply? |
| [ ]  | Yes |
| [ ]  | No |
| Please provide details of a competent person capable of ensuring that all electrical supplies are safe: |
| Name: |                      |
| Address: |                           |
| Telephone:  |                           | Date of Birth: |       |
| Please include any relevant information regarding your electricity supply with your application. |

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| Section 4: Stewarding, Volunteers and SecurityIn this section you need to: Tell us how many stewards and/or volunteers you will have at your event Tell us how they will be identified Tell us how emergencies will be communicated to stewards and/or volunteers Tell us whether you will be having professional security at your event Tell us who will be supplying the professional security Provide a copy of the briefing notes for the stewards/ volunteers/ securityFor events **over 2000 people** or those with **fenced sites** you will also need to provide a full **Emergency Evacuation Plan**.You will need to ensure that enough **identifiable stewards** are in place to cater for the site, size and nature of your event. They can be volunteers, but they will need to be well briefed as to their roles and responsibilities.If your event is* Charging for entry
* Selling alcohol
* Expecting more than 500 people to attend

You are encouraged to employ **professional security staff** at your event.  |
| Stewards |
| Number of Stewards: |                      |
| Will your stewards be wearing high visibility jackets? |
| [ ]  | Yes |
| [ ]  | No |
| All events over 100 people: |
| How will emergencies be communicated to stewards?  |
|                      |
| Security |
| If your event involves the on-site sale of age restricted content (e.g. alcohol), trading, ticket sales or gated admission, you will need to consider your site security.All designated security staff must be employed by a professional security company and licensed by the Security Industry Authority (SIA). |
| Number of security staff: |                      |
| Name of security company: |                      |
| Address: |                           |
| Postcode: |                           |
|  |  |
| Name of person responsible for co-ordinating **stewards** and/or **security**: |
|                           |
| Their telephone number: |                      |
| [ ]  | Please attach the briefing notes for your stewards and security |
| Large events with **over 2000 people** or those with **fenced site**s: |
| [ ]  | Please attach an **emergency evacuation plan** and indicate how an emergency would be communicated to the public, key staff and emergency services. |
| **Section 5: Traffic Management**In this section you need to: Tell us how people attending the event will get there. Tell us whether you are planning to provide car parking facilities, and how these will be managed. Tell us how you will manage traffic going to and from your event.**Remember:** traffic management includes pedestrians and cyclists, as well as motor vehicles. |
| Traffic stewards |
| Are you planning to have dedicated traffic stewards at your event? |
| [ ]  | Yes | (Please give details in your traffic management plan). |
| [ ]  | No |
| Car parking facilities |
| Will you be providing any car parking facilities at your event? |
| [ ]  | Yes |
| [ ]  | No |
| How will you be advertising how to get to your event? |
|                           |
| Please give details of any **car parking arrangements** and the **estimated number of vehicles** attending the event each day: |
|                           |
| Traffic Management Plan |
| Please describe what measures you have put in place to help manage traffic e.g. directional signage, road closures, traffic stewards. You may also find it helpful to include a map detailing your traffic management plan. |
|                                |
| **If your event requires a road closure** has this been applied for? (Please note that up to 8 weeks’ notice is required). |
| **[ ]**  | Yes |
| **[ ]**  | No |

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| Section 6: LicensingIn this section you need to: Tell us whether you are providing certain types of entertainment Give us details of the entertainment you are providing. Tell us whether you will apply for certain types of licenses. |
| Please tell us if your event will feature any of the following entertainment: |
| [ ]  | Live music | [ ]  | Dance |
| [ ]  | Recorded music or karaoke | [ ]  | Theatre |
|  |
| **Small or Medium events under 500 people** – if you have ticked any of the boxes above, please check that the event site is covered by a South Gloucestershire Council premises licence.If not, in addition to completing this form you may need to apply for a **Temporary Events Notice** to authorise the entertainment. This will need to be with the Licensing Team 10 working days before your event is due to take place. **Events with over 500 people viewing the entertainment at any one time** – if you have ticked any of the boxes above, you will need to apply for a **Premises Licence**. This process can take over 2 months. If you have ticked any of the boxes above, please indicate which licence you will be applying for below: |
| [ ]  | I will be applying for a TEN |
| [ ]  | I will be applying for a Premises Licence |
| [ ]  | I wish to use the South Gloucestershire Council Premises Licence and have checked that the event is authorised by this. |
| Please give details of the entertainment e.g. band, DJ etc. |
|                           |
| **If you are amplifying the music**, please give the name of a contact responsible for managing noise levels: |
| Name: |                           |
| Telephone number: |                           |
|  |
| Do you have a Performing Rights Society licence? |
| [ ]  | Yes |
| [ ]  | No |
| Section 7: Funfair Rides and InflatablesIn this section you need to:* Tell us whether you are having any funfair rides and/or inflatables at your event (if not, you can skip this section).
* Tell us who is providing and operating the rides and/or inflatables
* The HSE will enforce the provisions of the health and safety at Work Act and the local Authority will not inspect or assess Funfair Rides
* You should ask the funfair or inflatable ride provider for copies of
1. Public Liability Insurance certificate
2. ADIPS certificates for each ride.
3. Test certificates for each inflatable
4. A risk assessment for each inflatable.
 |
|  |
| **Funfair Rides:**How many rides will you have at your event? |
| Children’s rides: |                      |
| Adult’s rides: |                      |
| Side stalls: |                           |
|  |
| Name of ride provider/operator or lead provider/operator |                 |
| Address: |                      |
| Telephone:  |            | E-mail: |                      |
|  |
|  |
| **Inflatables:** |
| Name of inflatable provider/operator: |                 |
| Address: |                      |
| Postcode: |            |  |
| Telephone: |                 | E-mail: |                 |
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| Section 8: Catering and Alcohol**In this section you need to:** Tell us whether you will be providing food and/or drink Give us details of all the caterers, including food hygiene certificates. Give us details of all those selling alcohol.If you will **not** be providing any food or drink, or if you are inviting the public to bring their own (e.g. a picnic) you **do not** need to complete this section. |
| Hot and cold food and drinkPlease let us know whether you will be providing any of the following (tick all that apply): |
| [ ]  | Hot food | [ ]  | Cold or pre-prepared food |
| [ ]  | Soft drinks | [ ]  | Hot drinks |
| [ ]  | Ice creams |  |  |
|  |
| Please tell us the names of the premises and the local authority for each catering concession you have at your event |
|  |
| Alcohol |
| If a licensed bar is to be operated, please supply details of operator: |
| Name of operator: |                 |
| Address: |                 |
| Postcode: |  |  |
| Telephone: |            | E-mail: |                 |
|  |  |  |  |
| **Small or Medium events under 500 people**: to be authorised to sell alcohol, you will need to apply for a **Temporary Event Notice (TEN)**. **Events with over 500 people able to purchase alcohol at any one time**: you will need to apply for a **Premises Licence**.. Please refer to the Licensing section of South Gloucestershire Council If you are providing alcohol at your event, please indicate which licence you will be applying for: |
| [ ]  | I will be applying for a TEN |
| [ ]  | I will be applying for a Premises Licence |

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| **Section 9: Declaration**I confirm that I am over 18 years of age.**Checklist:**  Please ensure that all of the documents listed below are attached to your notification form.  |
| [ ]  | Risk Assessments |
| [ ]  | Insurance certificate confirmation |
| [ ]  | Site Map |
| **Where** requested within the notification: |
| [ ]  | Production Schedule |
|  |  |
|  |
| Name: |                      |
| Position within organisation: |                 |
| Date: |            |  |

Appendix:

Please add any additional information you think appropriate

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|                           |

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| For general health and safety advice please seeSouth Gloucestershire Council Event Safety Guide available at [www.southglos.gov.uk/SAG](http://www.southglos.gov.uk/SAG)General Safety Advice is also available via the Health and Safety Executive website.Please see [www.hse.gov.uk](http://www.hse.gov.uk) |

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| Contact details for Police, Avon Fire and Rescue, Great Western Ambulance Service, South Gloucestershire Council Licensing team etc. are all available via the South Glos. Safety Advisory Group terms of reference – see [www.southglos.gov.uk/SAG](http://www.southglos.gov.uk/SAG)           |

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| **Please return this form to:**Safety Advisory Group, South Glos Council, Environmental Health, Department for Environment and Community Services, PO Box 1954, Bristol. BS37 0DDOr alternatively email the completed form and documents to: SAG@southglos.gov.uk |
|  |  |