

Event management application form

Please complete this form if you are planning to hold an event on Council owned or managed property in the Swan Hill municipality. You MUST refer to Council's Event Management publication prior to completing this application form. This guide will advise you of event requirements which MUST be provided to Council along with this application form at least four weeks prior to the event.

Once Council has processed your application, you will be notified in writing of the outcome within 10 working days.

Section 1: Event details	
Name of event	
Proposed date/s of event	
Proposed event location	
Proposed start time/s (public)	
Proposed finish time/s (public)	

Section 2: Event organiser details	
Event organisers name (Individual, club or group organising event)	
Contact name	
ABN/CAN	
Postal address	
Telephone	
Email	
Are you a charity or non-for-profit organisation?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please attach copy of proof e.g. Consumer Affairs certificate)

Section 3: Event overview			
Briefly describe your event			
Event set up date and time	Date:	Event pack up date and time	Date:
	Time:		Time:
Expected number of participants	<input type="checkbox"/> <100 <input type="checkbox"/> 100-500 <input type="checkbox"/> 500-1,000 <input type="checkbox"/> 1,000-2,000 <input type="checkbox"/> >2,000 <input type="checkbox"/> >5,000		
Has this event been held before?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify the year it was held: _____		
Do you intend on holding the event again?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure		
Cost for entry to event?	<input type="checkbox"/> Free <input type="checkbox"/> Gold coin, compulsory <input type="checkbox"/> Gold coin, voluntary <input type="checkbox"/> \$_____ cost per person		

Section 4: Insurance (refer to section five of the Event Management Guidelines)

It is a requirement of Council that event organisers **MUST** hold public liability insurance of at least \$20million for the event. This policy must be extended to specifically cover the event, if it does not already do so. All events staged on Council owned or managed property must note Swan Hill Rural City Council as an interested party on this policy.

Do you have public/product liability insurance of at least \$20 million

No Yes (please attach copy)

If no, have you purchased Council's Casual Hirer's Public Liability insurance?

No Yes (please attach casual hirer's booking form)

Will you be using volunteers at your event?

No Yes (please attach copy of volunteers insurance)

Section 5: Food and drinks (refer to section five of the Event Management Guidelines)

Will food or drinks be sold at your event?

No Yes

If yes, please list of proposed food and drink vendors below (if more room is needed, please attach an additional page to your application). It is your responsibility to collect a copy of their public liability insurance and FoodTrader Statement Of Trade <https://foodtrader.vic.gov.au/>

Business name

Food/drinks

Contact details

Public liability

Business name	Food/drinks	Contact details	Public liability

Will drinking water be available on site?

No Yes

Will alcohol be supplied or sold at your event?

No Yes

If no, skip to Section 6

If yes, please attach a copy of a valid liquor licence and red line plan from Victoria Commission for Gambling and Liquor Regulation www.vcglr.vic.gov.au

If alcohol is served, please indicate how it will be present

BYO Bar Other: _____

Do you require an exemption to Council's Local Law for the consumption of alcohol?

No Yes

If yes, please provide details of the exemption:

Section 6: Traffic management and road closures (refer to section five of the Event Management Guidelines)

Will the event require road closures?

No

If no, skip to
Section 7

Yes

If yes please complete the attached temporary road closure application.

Section 7: Fireworks (refer to section five of the Event Management Guidelines)

Will there be fireworks at your event?

No

Yes

If yes, please provide details below

**Details of Licensed Pyrotechnician
who will discharge fireworks.**

Please note: The Pyrotechnician
must submit a WorkSafe notification
of intent to discharge fireworks &
copies of licences to Council.

Name: _____

Contact number: _____

Section 8: Temporary structures (refer to section <u>five</u> of the Event Management Guidelines)	
Will temporary structures be used at the event?	<input type="checkbox"/> No If no, skip to section 9 <input type="checkbox"/> Yes If yes, please indicate below
Fencing	<input type="checkbox"/> Perimeter fencing <input type="checkbox"/> Other (please specify): _____
Marquees	Number of marquees/tents: _____ Size/s in m ² : _____ _____ _____
Stage/s	Number of stages: _____ Size/s in m ² : _____ _____ _____
Seats	<input type="checkbox"/> Individual <input type="checkbox"/> Seating stands <input type="checkbox"/> Number of seats: _____
Pre-fabricated buildings	Larger than 100m ² : <input type="checkbox"/> No <input type="checkbox"/> Yes Placed directly on ground? <input type="checkbox"/> No <input type="checkbox"/> Yes
Other e.g. light towers	

Section 9: Entertainment and amusement rides (refer to section five of the Event Management Guidelines)

Please describe the entertainment program i.e. live music, pony rides, face painting etc.	
Will any employees/volunteers be undertaking child related work at your event? (refer to section <u>five</u> of the Event Management Guidelines, you may be required to provide a statement)	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide a statement that all employees, volunteers and vendors hold a current Working with Children's Check. You must also ensure they have a current Working With Children's Check and carry this card on them during the event
Will there be amusements rides (including jumping castles) at your event? Please note: copies of insurance must be provided to Council showing minimum \$20million in public liability.	<input type="checkbox"/> No Skip to Section 10 <input type="checkbox"/> Yes Specify in detail below _____ _____ _____
Will you be using powered amusement rides?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach copy of operator/device license

Section 10: Toilets (refer to section six of the Event Management Guidelines)
There should be approximately one toilet to every 200 people. The number of toilets will depend on anticipated crowd numbers, patron gender and whether alcohol will be served.

Are there public toilets at the event site?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Will you provide extra temporary toilets?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how many? Female: __ Male: __ All accessible: __

Section 11: Waste management (refer to section six of the Event Management Guidelines)
Event organisers are responsible for the waste and litter generated at their event. Waste bins are to be provided by the event organiser.

How many bins will you provide?	
Name of waste company providing and collecting bins	

Section 12: Site services (refer to section <u>six</u> of the Event Management Guidelines)		
Will you require access to power for the event?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you require access to lighting for the event?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you require the park/facility to turn off sprinklers for the event?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Section 13: First Aid (refer to section <u>six</u> of the Event Management Guidelines)	
Will you have trained first aid staff at your event?	<input type="checkbox"/> Yes How many? _____ <input type="checkbox"/> No You will need to seek a first aid provider
Is your first aid provider a commercial operator or paid?	<input type="checkbox"/> Yes If yes, provide name of first aid provider <input type="checkbox"/> I have confirmed the provider is licensed with the Department of Health <input type="checkbox"/> No, service is being provided free/voluntarily and the first aid provider is qualified; and I have checked with the Department of Health.
	Name of first aid provider: _____ Level of qualification held: _____
How many first aid posts will you have at you event?	

Section 14: Emergency response and communication (refer to section <u>six</u> of the Event Management Guidelines)	
Have you notified emergency services of your event?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please note: If your event may affect the ability of emergency services to access an emergency, <u>you must</u> inform Ambulance Victoria, CFA, SES and Victoria Police.
Do you have an Emergency and Communication Response Plan and Site Map for the event?	<input type="checkbox"/> Yes If yes, please attach copies <input type="checkbox"/> No If no, please complete sections 14A and 14B

Section 14A – Emergency contact details		
Title/organisation	Contact person	Phone number
Event Manager		
Safety Manager		
Council Contact		
First Aid		
Hospital		
Victoria Police – local station		
Ambulance		
CFA		
SES		
VicRoads (if applicable)		
Security (if applicable)		
Taxi (if applicable)		
Electrician (if applicable)		
Other		

Section 14B – Emergency Response and Communications

Have all officials/volunteers been instructed on their role/responsibilities?

Yes

No

Describe the communication system between organisers/staff /volunteers.

Describe the communication system for the general public.

Describe the lost person procedure.

Is there a designated pickup/drop-off point for taxis/buses?

Yes

No

Is there car parking for emergency vehicles and disabled patrons?

Yes

No

Describe provisions for parking and public transport at the site.

Will security/crowd control be used at the event?
Please describe.

How will volunteers/marshals be identified?

Site map

You must attach a detailed site map that includes emergency assembly area, first aid, entry & exits, information/admin tent, parking, toilets, stalls/marquees, activities, temporary structures - e.g fencing, light towers etc. (at minimum).

Section 16: Place of Public Entertainment (POPE) Checklist (refer to section five of the Event Management Guidelines)

Determination for Occupancy Permits under Section 49 of the Building Act (Checklist for Applicant or Events Coordination Group)

Please complete the following questions on this form to assist in confirming if the proposed event is or is not a place of public entertainment as defined under the Building Act. .

Location of Event		
Date/s of Event		
Type of Event		
• Will the event be enclosed or substantially enclosed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Will admission to the event be gained by payment of money or the giving of other consideration, and which is used for the purpose of public entertainment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Is the event held in a class 9b (public building) that has a floor area greater the 500m ² ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Is the event being held in a place (other than a building) having an area greater than 500m ² ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Will there be any tents, marquees or booths with a floor area greater than 100m ² ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Will there be any seating stands for more than 20 people?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Will there be any stages or platforms (including sky borders and stage wings) exceeding 150m ² ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Prefabricated buildings exceeding 100m ² other than ones placed on the ground surface?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name		
Date		
Signature		
<p>If yes has been indicated on any of the above questions, the Event Applicant will need to contact the Swan Hill Rural City Council, Building Department on 5036 2396 for further instruction.</p>		

Section 17: Finalising your event application

Please ensure you have included the following attachments as part of your Event Application (please note additional information may also be required).

- Public Liability insurance
- List of proposed food vendors
- Emergency and Communication Response Plan
- Site map
- Risk Assessment
- POPE Checklist

Declaration

I have read and completed my Event Management Plan Application Form in good faith and have adhered to all the requirements specified by Swan Hill Rural City Council. All details are accurate and true and my event will be organised and managed as I have described unless advised otherwise by Swan Hill Rural City Council.

I understand that completing this Application does not constitute event approval.

I also understand a Council Officer will advise me of the next steps required for my event to gain approval.

Print name

Signature

Date

Please send the completed form along with all attachments to:

Swan Hill Rural City Council
PO Box 488
Swan Hill VIC 3585

Or email to: council@swanhill.vic.gov.au

Should you require any further assistance completing this form please contact Council on (03) 5036 2333.

Facility inspection form

The facility should be checked prior to the event to ensure that it is in a safe / suitable condition for use, that all equipment to be used is stored correctly, and is available for use.

After the event the facility should be checked again to verify compliance with the conditions of use and to compile a record of the condition of the premises.

Pre-Event Inspection

Check List	Yes	No	Comments (if required)
Facility Clean			
Utilities available / working			
Equipment stored correctly			
Emergency exit door clear			
Fire Fighting equipment in place			
Safety instructions provided			
Structural damage			
Equipment loss or damage			
Grounds tidy / clean and safe			

Date Inspected: / / **Inspected by:**

Post-Event Inspection

Check List	Yes	No	Comments (if required)
Facility Clean			
Utilities available / working			
Equipment stored correctly			
Emergency exit door clear			
Fire Fighting equipment in place			
Safety instructions provided			
Structural damage			
Equipment loss or damage			
Grounds tidy / clean and safe			

Date Inspected: / / **Inspected by:**

Incident report form (example)

INJURED PERSONS DETAILS			
Name	_____		
Address	_____		
Phone number	_____		
INJURY DETAILS			
Event			
Attending:			
Location of			
Event:			
Date of Incident:	____/____/____		
Nature and extent of injury			
Part of body injured	<input type="checkbox"/> Head	<input type="checkbox"/> Trunk	<input type="checkbox"/> Multiple
	<input type="checkbox"/> Eyes	<input type="checkbox"/> Arm	<input type="checkbox"/> General
	<input type="checkbox"/> Neck	<input type="checkbox"/> Leg	<input type="checkbox"/> Unspecified
Nature of injury	<input type="checkbox"/> Sprain	<input type="checkbox"/> Laceration	<input type="checkbox"/> Burn
	<input type="checkbox"/> Fracture	<input type="checkbox"/> Concussion	<input type="checkbox"/> Superficial
	<input type="checkbox"/> Multiple	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Amputation
	<input type="checkbox"/> Contusion	<input type="checkbox"/> Other	
Type of incident	<input type="checkbox"/> Flying object	<input type="checkbox"/> Manual handling	<input type="checkbox"/> Electricity
	<input type="checkbox"/> Struck by	<input type="checkbox"/> Poisons	<input type="checkbox"/> Fall
	<input type="checkbox"/> Caught in	<input type="checkbox"/> Temperature	<input type="checkbox"/> Other

How did the incident happen?

Incident Investigation – Event Manager’s Report

Witness Details

- What caused the incident?
- | | | |
|-----------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Ineffective guarding | <input type="checkbox"/> Lack of protective equipment | <input type="checkbox"/> Lack of training |
| <input type="checkbox"/> Lack of maintenance | <input type="checkbox"/> Safety rules not followed | <input type="checkbox"/> Inexperience |
| <input type="checkbox"/> Unsafe work methods | <input type="checkbox"/> Misconduct | <input type="checkbox"/> Workplace design (equipment, design, layout) |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Poor housekeeping | |

Explain

How can a recurrence be prevented?

Event Managers Name: _____

Signature: _____ Date: _____