



Hampshire
County Council



Safety Advisory Group Application Form	Safety Advisory Group Secretary, Neil Hince Hart District Council Civic Offices Harlington Way Fleet Hampshire GU51 4AE
---	--

If you are proposing to hold an event which involves a large gathering of people the North East Hampshire Safety Advisory Group (SAG) would like you to provide basic details of your event by completing this form in type, or writing in block capitals in **BLACK INK**. This will allow the Council and emergency services (fire, ambulance and police) to assist with their planning and provide you with advice on a range of issues including: safety, street closures and licences. Please return the completed form to the above address as soon as possible. Do not wait until the details for your event are finalised.

Event Details

1. Name of Event:

2. Event date(s): **Start Time** **Finish Time**

3. Event Location:

(Please enclose the relevant part of an ordnance survey map or give an ordnance survey location if possible. A site plan showing proposed positions of stalls, marquees, arena, exhibition units, car parking would also be helpful.)

Location Plan attached **Site Plan attached**

4. Brief Description of Event Proposed: (e.g. fete, dog show etc)

.....

5. Estimated Maximum Number of Persons Attending:

(1) At any one time (2) During the event:

Public:

Staff:

Performers:

6. Date to enter site for preparation:

Start Time Each Day Finish Time Each Day.....

7. Date/time the site will be vacated after the event:

8. Commercial details of event - Is it? (please tick one box only)

Commercial Fund raising Non-commercial

Community service event Charity event

Name of Charity:

Charity Registration Number:

Will all income raised go to the Charity concerned? (Please tick) Yes No

Is the event limited to friends/relatives? Yes No
(in the case of a school to staff/children/parents)

Is the event free? Yes No Admission Price? £

Will you be selling programmes? Yes No Price? £

Contact Details of Organiser

9. Name of Organiser/Organisation?

.....

10. Name of Person in overall control of event?

.....

11. Contact Address

.....

..... Postcode:

12. E-mail address:

13. Telephone Number Landline: **Mobile:**

Alternative Arrangements

14. Is there a possible alternative site? Yes No Where?

15. Is there a possible alternative date? Yes No When?

Highway and Traffic Implications

16. Are any footpaths, bridleways or roads that are normally open to the public affected or used as part of the event? Yes No

17. Are you proposing any directional signing on the highway to direct the public to the event? Yes No

18. Do you anticipate the need for any road closures and traffic diversions? Yes No

19. Have you considered the need to restrict or control parking on the highway in the vicinity of your event? Yes No

20. Are there any car parks to be closed in order to hold the event? Yes No

21. How many parking spaces will be available for persons working at the event: _____

22. How many dedicated parking spaces will be available for the public: _____

23. Will vehicles be driven across the ground? Yes No

If yes how many and what vehicles?

IMPORTANT NOTES

If you have said "Yes" to questions Q16 to Q20 above and/or you have not identified any dedicated parking and are proposing to rely on public car parks and parking on the highway, you must complete a Traffic Management Information Form.

24. If available do you require the use of any facilities? Yes No

If yes, please state:

Event Activities

25. Please tick the appropriate boxes to show the activities you intend to utilise or permit at the event? (some of these may not be permitted at all sites).

- | | | | |
|----------------------------------|--------------------------|-------------------------|--------------------------|
| Fireworks/Pyrotechnics | <input type="checkbox"/> | Live Music | <input type="checkbox"/> |
| Carnival/procession | <input type="checkbox"/> | Live Entertainment | <input type="checkbox"/> |
| Fairground equipment | <input type="checkbox"/> | Lost Children Point | <input type="checkbox"/> |
| Aircraft | <input type="checkbox"/> | Barrier/Fencing | <input type="checkbox"/> |
| Parachutist's | <input type="checkbox"/> | Marquees | <input type="checkbox"/> |
| Balloon Launch | <input type="checkbox"/> | Portable Generator | <input type="checkbox"/> |
| Hot Air Balloons | <input type="checkbox"/> | Power Supply | <input type="checkbox"/> |
| Horses/Donkeys Other Animals | <input type="checkbox"/> | Toilets | <input type="checkbox"/> |
| Motorcycles | <input type="checkbox"/> | Alcohol | <input type="checkbox"/> |
| Other Motor Vehicles | <input type="checkbox"/> | Food/Drink Concessions | <input type="checkbox"/> |
| Coconut Shy | <input type="checkbox"/> | Barbecue | <input type="checkbox"/> |
| Inflatables (e.g. Bouncy Castle) | <input type="checkbox"/> | Re-enactment Groups | <input type="checkbox"/> |
| Portable Staging | <input type="checkbox"/> | Bonfire | <input type="checkbox"/> |
| P.A. System | <input type="checkbox"/> | Foreshore Boat | <input type="checkbox"/> |
| Stewarding/Security | <input type="checkbox"/> | Living History or Other | <input type="checkbox"/> |
| On Site Communications | <input type="checkbox"/> | Market Stalls | <input type="checkbox"/> |
| Water | <input type="checkbox"/> | | |

Other: (Please Specify)

Insurance

26. Has Insurance been arranged in respect of Public Liability or Third Party risks (including products liability where appropriate)? Yes No

27. What is the name of the insurer?

28. What is the value of cover? £.....
(Recommended that this should not be less than £5 million)

Risk Assessments

29. Please give a description of any risk assessments you have carried out for this event.

.....
.....
.....
.....
.....
.....

Signed

Position

Date