**Safety Advisory Group (SAG) Event Organiser’s Questionnaire**

(including Council-owned parks and open spaces booking form)

The role of SAG is to provide advice to individuals and organisations planning a public event. The advice is in addition to any legal requirements and government guidance. The recommendations given by SAG are advisory only\* and it is for the event organiser to take such steps that are necessary to ensure an event is undertaken safely. SAG nor any of its constituent members or their respective organisations accept any liability for the safety of events planned with the assistance of this document.

(\*Events taking place on Council owned land must implement all recommendations given by SAG).

Before completing this form, please read ‘Advice for Event Organisers’, available at [www.wolverhampton.gov.uk/pesag](http://www.wolverhampton.gov.uk/pesag).

Please fill in as many details as possible and email the form to: PESAG@wolverhampton.gov.uk.

Alternatively, you can return a physical copy of this document to: Safety Advisory Group, c/o Licensing Services, Civic Centre, St Peter’s Square, Wolverhampton, WV1 1SH.

City of Wolverhampton Council will store your details to administer your application. This information will be held by Licensing Services and will be shared with the members of the Safety Advisory Group. For more information regarding your data and how it is used, please see the City of Wolverhampton Councils privacy statement: [www.wolverhampton.gov.uk/privacy-policy](http://www.wolverhampton.gov.uk/privacy-policy).

When you return this document, please include the following documentation:

* Event Management Plan, including site plan (template available [here](http://www.wolverhampton.gov.uk/pesag))
* Copies of employers and/or public liability insurance
* Risk assessment (template available [here](https://www.hse.gov.uk/risk/risk-assessment-and-policy-template.doc)). You must assess the risk of coronavirus at your event and implement control measures to prevent transmission.
* Fire risk assessment

For any third parties who will be on site during event set up, operation or breakdown, please supply:

* Their risk assessments
* Their relevant method statements
* Their fire risk assessments
* Certificates of employers and/or public liability insurance, if appropriate

Where fairground rides, inflatable fun slides or similar attractions are being used, please supply:

* Copies of current safety certification for each ride or attraction e.g. ADIPS, PIPPA certificates

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| --- | --- |
| Name of event | Click or tap here to enter text. |
| Name of site | Click or tap here to enter text. |
| Type of event, e.g. parade, fun day, protest, with proposed activities | Click or tap here to enter text. |
| Description of event(50 words max that can be added to [whatsonwolverhampton.com](http://www.whatsonwolverhampton.com)) | Click or tap here to enter text. |
| Timetable of activities | Click or tap here to enter text. |

Date(s) and time of event:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Arrival** | **Event start** | **Event finish** | **Departure** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Event Details**

|  |  |
| --- | --- |
| Exact location of land required (including rooms/buildings, field(s), paths, roads etc.) | Click or tap here to enter text. |
| Is your event free? | [ ]  Yes | [ ]  No, Details: |
| Is your event for charity? | [ ]  No | [ ]  Yes, Registered Charity Number: |
| Are you planning to close a road, lane or public right of way? | [ ]  Yes | [ ]  No |
| If yes, do you have a traffic management company? | [ ]  Yes | [ ]  No, Details: Click or tap here to enter text. |
| Have you held this event previously? | [ ]  Yes | [ ]  No |
| Maximum site capacity | Click or tap here to enter text. |
| Predicted attendance over event | Click or tap here to enter text. |
| Predicted peak attendance at any one time | Click or tap here to enter text. |
| How have you calculated this figure? | Click or tap here to enter text. |
| Will there be uniformed members of the military (including cadets) in attendance? | [ ]  Yes | [ ]  No |
| Will attendees be…? | [ ]  Standing | [ ]  Seated | [ ]  Mixed |
| Audience type. (Indicate all that apply) | [ ]  Families | [ ]  Young adults | [ ]  Older people |
| Other (please specify): Click or tap here to enter text. |
| Anticipated waiting time for entry. | Number | Minutes |
| Event contents (please indicate all that apply) Then give details including specification and providers. |
| **** | **Activity** | **Details** |
| [x]  | Alcohol/Licensed Bar | Click or tap here to enter text. |
| [ ]  | Animal exhibition  | Click or tap here to enter text. |
| [ ]  | Bonfire | Click or tap here to enter text. |
| [ ]  | Bouncy castle/inflatables  | Click or tap here to enter text. |
| [ ]  | Boxing, wrestling or mixed martial arts  | Click or tap here to enter text. |
| [ ]  | Camping/Caravans  | Click or tap here to enter text. |
| [ ]  | Catering facilities | Click or tap here to enter text. |
| [ ]  | Children performing  | Click or tap here to enter text. |
| [ ]  | Distributing free printed material in the City centre  | Click or tap here to enter text. |
| [ ]  | Drones  | Click or tap here to enter text. |
| [ ]  | Fairground/amusement rides | Click or tap here to enter text. |
| [ ]  | Fencing/barriers  | Click or tap here to enter text. |
| [ ]  | Film screening  | Click or tap here to enter text. |
| [ ]  | Fireworks/pyrotechnics/laser shows | Click or tap here to enter text. |
| [ ]  | Gambling, including a raffle, tombola or lottery  | Click or tap here to enter text. |
| [ ]  | Helium balloons  | Click or tap here to enter text. |
| [ ]  | Hypnotism  | Click or tap here to enter text. |
| [ ]  | Music/Public Address System | Click or tap here to enter text. |
| [ ]  | Marquees/gazebos  | Click or tap here to enter text. |
| [ ]  | Staging/scaffolding/structures | Click or tap here to enter text. |
| [ ]  | Temporary toilets  | Click or tap here to enter text. |
| [ ]  | Theatrical production or dance  | Click or tap here to enter text. |
| [ ]  | Sale of goods  | Click or tap here to enter text. |
| [ ]  | Sky lanterns/Chinese lanterns  | Click or tap here to enter text. |
| [ ]  | Sporting event exhibition  | Click or tap here to enter text. |
| [ ]  | Street party  | Click or tap here to enter text. |
| [ ]  | Vehicles in procession (parade)  | Click or tap here to enter text. |
| [ ]  | Weapons and ammunition  | Click or tap here to enter text. |
| Other (please specify): | Click or tap here to enter text. |
| Is your event accessible to people with mobility issues or other disabilities? | [ ]  Yes  | [ ]  No |
| Will the event be held in…? | [ ]  Daylight  | [ ]  Darkness  | [ ]  Both |
| Are any special arrangements necessary regarding lighting? | [ ]  No | [ ]  Yes (please specify):  |
| Number of stewards in attendance | Click or tap here to enter text. |
| How many of these stewards have current Security Industry Authority licences? | Click or tap here to enter text. |
| How will stewards communicate? | [ ]  Radio  |
| [ ]  Mobile phone |
| [ ]  Other (please specify): Enter text. |
| Please give details of the arrangements made for briefing stewards | Click or tap here to enter text. |
| Details and status of any special guests attending | Click or tap here to enter text. |
| How will the event be advertised? | Click or tap here to enter text. |
| Please give details of any expected press or media. | Click or tap here to enter text. |
| Are temporary supplies to be brought to the site? | Water:  | [ ]  No | [ ]  Yes, Supplier: Click or tap here to enter text. |
| Electricity (Diesel generators only):  | [ ]  No | [ ]  Yes, Supplier: Click or tap here to enter text. Click or tap here to enter text. |
| Gas: Click or tap here to enter text. | [ ]  No | [ ]  Yes, Supplier: Click or tap here to enter text. |
| Will you be using vehicle(s) during the event?  | [ ]  No | [ ]  Yes, Details (e.g. car, weight, length, width etc.):Click or tap here to enter text. |
| Have you considered parking arrangements for the event? | [ ]  No | [ ]  Yes, Details: Click or tap here to enter text. |

**Medical information**

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| Are you using a medical provider company? | [ ]  Yes  |  [ ]  No  |
| Provider contact details | Name: Click or tap here to enter text.Telephone: Click or tap here to enter text.Email: Click or tap here to enter text. |
| Medical contact on the day of event | Name: Click or tap here to enter text.Telephone: Click or tap here to enter text. |
| Care Quality Commision Registration Number | Click or tap here to enter text. |
| Have all medical staff been checked with the Disclosure and Barring Service? | Click or tap here to enter text. |
| **Please give numbers of the following:** |
| First aiders | Click or tap here to enter text. | Skill level on certificate: Click or tap here to enter text. |
| Medical Cycle Responders | Click or tap here to enter text. | Skill level on certificate: Click or tap here to enter text. |
| Medical technicians | Click or tap here to enter text. | Skill level on certificate: Text |
| Paramedics (must be Health & Care Professions Council registered) | Click or tap here to enter text.Click or tap here to enter text. |
| Nurses | Number  | Experienced in pre-hospital care environment? [ ]  Yes [ ]  No  |
| Doctors | Number  | Experienced in pre-hospital care environment? [ ]  Yes [ ]  No  |
| Ambulances on site | Click or tap here to enter text. | [ ]  Accident & Emergency [ ]  4x4 |
| Medical Response Cars | Click or tap here to enter text. | [ ]  4x4 |
| State any other medical personnel on site | Click or tap here to enter text. |
| Conveyance to hospital: If you are providing an ambulance you will convey with your skill set | [ ]  Yes | [ ]  No |
| Have you alerted the local hospitals of your event? Please inform New Cross Hospital of your event if there will be an ambulance is on site. | [ ]  Yes  | [ ]  No  |
| Will you have automated external defibrillator on site? How many?  |  Click or tap here to enter text. |

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| Is your event covered by public liability insurance? | [ ]  No | [ ]  Yes, Cover value: £ Click or tap here to enter text. |
| Any other information about your event. | Click or tap here to enter text. |

**Details of Event Organiser**

|  |  |
| --- | --- |
| Name of organisation | Click or tap here to enter text. |
| Event organiser’s name(This person will be the responsible person on the day) | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Postal Address | Click or tap here to enter text. |
| Mobile number | Click or tap here to enter text. |

**For council-owned parks and open spaces only:**

Event Organiser’s Agreement - The section below is to be signed by the Event Organiser and is to confirm that you have read, understood and agree to the Terms and Conditions for hiring parks and City of Wolverhampton Council-owned open spaces. Please note that the use of the site is subject to availability of the site, recommendations of the Safety Advisory Group and the discretion of the City Events Manager.

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| --- | --- |
| Signature of Event Organiser | Click or tap here to enter text. |
| Name | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |