

EVENT INFORMATION FORM

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Name of Event		
Description of Event		
Address of Event		
Date of Event		
Event timings	Start	Finish
Event contact person		
Name and contact number of contact person on site		
Crowd estimated total number		
Crowd type	Mainly children	Yes / No
	Mainly adults	Yes / No
	Mainly elderly	Yes / No
	Mixture	Yes / No
Is the event	Indoors	Yes / No
	Outdoors	Yes / No
	Mix of both	Yes / No
How many locations does the event cover		
Will you provide a First Aid treatment area	Room	Yes / No
	Tent / Marquee	Yes / No
	Porta cabin	Yes / No
	No area available	Yes / No
Will you supply tables and chairs		Yes / No
Other medical provision on site	Ambulance service	Yes / No
	Doctor	Yes / No
	Nurse	Yes / No
	Other(please specify)	
Food / Refreshments provided		Yes / No
Copy of site plan	Enclosed	Yes / No
Copy of Risk Assessment	Enclosed	Yes / No
What does your Public Liability Insurance Request for First Aid cover		
Contact details for invoice		
Any other relevant information		
Print Name		
Signature		
Office Use	Date form sent out	
	Date form returned	
	Event Code	