

Event application template

Low impact/ below 100 attendees

APPLICANT DETAILS			
Name			
Phone number		Email	
Address			
Contact on the day			
Phone number		Email	
EVENT NAME			
Event location			
Date(s)			
Start time		End time	
Set up date		Set up start time	
Pack up date		Pack up finish time	
Contingency date(s)			
Is this a community event? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Description of event			
Number of staff/ volunteers involved			
Number of expected attendees			
EVENT REQUIREMENTS (please attach information)			(tick and attach or N/A)
Site plan (marquees, fencing, generators, bins etc)			<input type="checkbox"/>
Access requirements (eg gates/ bollard unlocked)			<input type="checkbox"/>
Egress (vehicle movements for set up)			<input type="checkbox"/>
Parking plan			<input type="checkbox"/>
Noise management plan			<input type="checkbox"/>
Waste management plan (consider all types of waste likely)			<input type="checkbox"/>
Health and safety plan			<input type="checkbox"/>
Public liability insurance (please attach if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Event safety plan template

Low impact/ below 100 attendees

GENERAL INFORMATION	
Event name	Date
Activity type (please circle most appropriate or write below the options)	Environmental/ graffiti removal/ pest control/ lawns/ cleaning working bee/ gardening/ rubbish removal/ celebration
ENVIRONMENTAL IMPACTS	
How will you dispose of waste (including liquid waste)	
EMERGENCY INFORMATION	
Emergency contact on the day	
Phone number	
Location of closest first aid kit	
Location of closest AED	
Evacuation point (is signage showing this?)	
Location of other safety equipment such as fire extinguisher/ spill kit (if relevant)	
First Aiders on site? (if so, who and how will they be easily identified by attendees)	
<p>IF THERE IS AN EMERGENCY, PLEASE SEEK MEDICAL TREATMENT IN THE FIRST INSTANCE. YOUR COUNCIL CONTACT AND WORKSAFE NEW ZEALAND MUST BE CONTACTED IF A NOTIFIABLE EVENT OCCURS AS A RESULT OF WORK BEING UNDERTAKEN.</p>	

HAZARDS AND CONTROLS

All hazards that may be onsite during the event must be identified and controlled by the event manager/team/applicant. Examples of these can be found in the attached hazard register.

Please identify below the hazards that you have identified and the controls in place (if you have more, please attach)

HAZARDS	CONTROLS

VOLUNTEERS/ STAFF/ CONTRACTORS INVOLVED

All volunteers and staff must be present for a safety briefing prior to the event beginning, this should schedule cover:

Who is primary contact during the event	<input type="checkbox"/>
What to do if there is an emergency	<input type="checkbox"/>
Location of first aid kit/medical services	<input type="checkbox"/>
Hazards and controls the volunteers/staff may encounter or create	<input type="checkbox"/>
Security and toilets	<input type="checkbox"/>
Rules for traffic	<input type="checkbox"/>
Location of fire extinguishers (if relevant)	<input type="checkbox"/>
How to report an incident	<input type="checkbox"/>

AN ATTENDANCE REGISTER OF VOLUNTEERS INVOLVED SHOULD BE CREATED AND KEPT IN CASE OF EMERGENCY AND TO ENSURE CONTACT TRACING IF REQUIRED (SEE PAGE 4 FOR A TEMPLATE).

