



**South
Cambridgeshire
District Council**

Event Safety Advisory Group

If you are proposing to hold an event or one which involves a large gathering of people. The South Cambridgeshire District Council Event Safety Advisory Group (SAG) would like you to provide basic details of your event by completing this form. This will allow the Council, emergency services (Police, Fire and Ambulance) and Highways to assist with their planning and provide you with advice on a range of issues including safety, street closures and licences required.

Please complete and return the form as soon as possible.

Licensing, SCDC, South Cambs Hall, Cambourne Business Park, Cambourne, CB23 6EA

licensing@scambs.gov.uk

Use additional sheets if necessary. **Please do not wait until the details of your event are finalised.**

Please complete using block capitals and black ink.

1. Event Details

Event name

Event
Duration:

Start (Date/Time)

DD / MM / YYYY

HH : MM

End (Date/Time)

DD / MM / YYYY

HH : MM

Event site
address:

Is the event being held on
Council land?

Yes

No

Has permission for hire of
land been requested?

Yes

No

Time & Date of
Occupation (Set-up)

dd / mm / yyyy HH : MM

Postcode:

Time & Date of
Occupation (Take-
down)

dd / mm / yyyy HH : MM

Event website
address

Please state the maximum number of people at any one time that you intend to allow to be present during the event.

Public	Staff	Performers	Volunteers (if applicable)	Total

Target audience age and range

Event Details (continued)

Please provide details of the event below including any other relevant details.

Temporary Structures

Please provide details of any temporary structures, including size and details of providers below.

Inflatables

Will you be hiring inflatable attractions for the event? i.e. bouncy castle

Yes No

If YES, please provide details, it will be expected that such structures will be included within your event risk assessment.

Insurance

Please provide details of insurance cover below including Public Liability / Third party risks and attach a copy of certificate, where available.

Event Details (continued)

First Aid Provision

Have you undertaken a medical risk assessment?

Yes No

If YES, please provide contact details of supplier and numbers:

Security / Stewards / Marshalls / Crowd Control

Are you planning to engage security stewards etc.

Yes No

If YES, please give details of the company employed and numbers to be deployed.

Alcohol

Will alcohol be available on site?

Yes No

If YES, please provide full details

Performances

Will the event include; public dancing / Karaoke / live bands / disco?

Yes No

If YES, please provide full details

2. Event Activities (optional)

Please tick the appropriate activities you intend to utilise or permit at the event. The provision of an event timetable would also be helpful. We will expect you to cover these activities in more detail in your risk assessment:

Fireworks / pyrotechnics	<input type="checkbox"/>	Live music	<input type="checkbox"/>
Carnival / procession	<input type="checkbox"/>	Live entertainment	<input type="checkbox"/>
Fairground Equipment / rides	<input type="checkbox"/>	Lost Child Point	<input type="checkbox"/>
Aircraft	<input type="checkbox"/>	Horses / Donkeys other animals	<input type="checkbox"/>
Parachutists	<input type="checkbox"/>	Re-enactment Groups	<input type="checkbox"/>
Hot Air Ballons	<input type="checkbox"/>	Living history or other	<input type="checkbox"/>
Balloon Launch	<input type="checkbox"/>	Toilets	<input type="checkbox"/>
Inflatables (e.g. bouncy castle)	<input type="checkbox"/>	Drinking water on site	<input type="checkbox"/>
Motorcycles	<input type="checkbox"/>	Food / Drink concessions	<input type="checkbox"/>
Other motor vehicles	<input type="checkbox"/>	Power supply	<input type="checkbox"/>
Portable generator	<input type="checkbox"/>	Barbecue	<input type="checkbox"/>
Bonfire	<input type="checkbox"/>	Portable staging	<input type="checkbox"/>
Market Stalls	<input type="checkbox"/>	PA system	<input type="checkbox"/>
Camping	<input type="checkbox"/>	On site communications	<input type="checkbox"/>
Water related activities	<input type="checkbox"/>	Barrier / fencing	<input type="checkbox"/>

Other(s) (please specify):

3. Environment

Public Rights of Way

Please state whether there are any footpaths, bridleways or roads that are normally open to the public affected or used as part of the event?

Directional Signage

Please state whether you are proposing to make use of directional signing on the highway to direct the public to the event?

Road Closures

Please state whether or not you anticipate the need for any road closures or traffic diversions

Parking on the Highway

Please state whether or not you have made any considerations for the restriction or control parking on the highway in the vicinity of your event?

Parking (location)

Where are you expecting the majority of the public to park?

Parking (spaces)

Please state the amount of allocated parking spaces for the following:

Event Staff	External Staff	Public	Total

Vehicle movements

Please state whether any vehicles will be driven across anything other than roads? Yes No

If YES, please state what type of vehicles, for what purpose and how many?

Toilets

Please state whether there will be toilets available on site / premises Yes No

If YES, please provide details of the facilities, and if applicable any details of providers.

If NO, please provide details of a suitable alternative e.g. existing onsite public toilets.

Other details

Please provide any other relevant details of the event, which may be detrimental to the environment and/or surrounding environment of the site / premises.

4. Contact details

Please provide details of the main contact / site manager / other

Your details

Title	
Surname	
Forename(s)	
Address	
Postal town	
Post code	

Telephone numbers

Daytime	
Evening*	
Mobile*	
Fax*	

* optional

Email	
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Alternative contact details (If you provide alternative contact details, we will use these in preference to those provided above)

Event manager details

Title	
Surname	
Forename(s)	
Address	
Postal town	
Post code	

Telephone numbers

Daytime	
Evening*	
Mobile*	
Fax*	

* optional

Email	
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Alternative contact details (If you provide alternative contact details, we will use these in preference to those provided above)

DOCUMENT CHECKLIST

The following documents have been enclosed:-	<input type="checkbox"/>
At least one copy of the risk assessment for the above listed event.	<input type="checkbox"/>
Copy of stand alone fire risk assessment.	<input type="checkbox"/>
At least one copy of the site plan for the above listed event.	<input type="checkbox"/>
Details of insurance that will cover the above listed event, employees, public, and value. Including all relevant certificates and documentation.	<input type="checkbox"/>
Details of medical/first aid cover that will be present at the above listed event.	<input type="checkbox"/>
All details of any company that is providing staff for the event including stewarding, security etc.	<input type="checkbox"/>
Any/all licences details relevant to the above listed event and/or premises.	<input type="checkbox"/>
Any other management control documents.	<input type="checkbox"/>

DATA PROTECTION ACT 1998

Your Personal Data

We need to collect some personal data as part of your application in order to contact you and/or the appropriate individual in connection with the planned event. We will not pass this data to any other organisation; nor will we use this data for any other purpose. We will retain the data for two years following the event, then securely dispose of it. At all times we take the security of your data very seriously. For more information please visit www.scams.gov.uk/content/privacy-statement.

5. DECLARATION

I confirm that the above details are correct and that I am over 18 years of age. I also confirm that any/all licences have been and/or will be applied for prior to the event.

Signed:

Print name:

Date: (DD/MM/YYYY)

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