

Hartlepool Independent Safety Advisory Group Event Notification Form

This notification should be completed by the person who is responsible for Event Planning.

Section One – Lead Organiser's Details

Name of Organisation

Event Organiser(s)

Contact Name

Contact Address
(including Postcode)

Contact Telephone Number

Mobile Telephone Number

Email Address

Section Two – Event Details

Event Description – Please describe your proposed event

Is this a (please tick one box only)

Charity Event (see below)

☐

Fund Raising

☐

Non-
Commercial

☐

Community Service
Event

☐

Commercial

☐

Name of charity

Charity registration number

Will all income go to the Charity concerned?

Yes

☐

No

☐

If No, please give details

Location of Event

A site plan layout or plan of premises showing the position of stalls, food concessions, temp structures e.g. marquees, arena, exhibition units, first aid, lost children, toilets, car parking etc. and list of programme items is required. In respect of races etc., a detailed route plan which must also show location of route marshalls.

Site Plan attached?

Yes

☐

No

☐

If not, when will the site plan be available?

Who owns the land?

--

Who has granted permission on behalf of the land owner? Please attach documentation / proof of this permission.

Yes ☐ No ☐

Date to enter site for preparation

Date

--

Time

--

--

Site will be vacated after the event

Date

--

Time

--

--

Is the event free?

Yes ☐ No ☐

If No, what is the admission price?

--

Will you be selling programmes?

Yes ☐ No ☐

If Yes, what is the proposed price?

--

Number likely to attend

(1) At any one time

Public

--

Staff

--

Performers

--

Security Staff

(SIA Registered/Trained)

--

(2) During the event

Public

--

Staff

--

Performers

--

Security Staff

(SIA Registered/Trained)

--

Age profile of audience (tick all that apply)

Under 18's ☐ 18-35 years ☐ 36-64 years ☐ Over 65 years ☐

Have you held this Event before?

Yes ☐ No ☐

If Yes, please give details

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Is this Event

One off ☐ Recurring ☐

If Recurring, how often?

Click here to enter text.

Section Three – Alternative Arrangements

Is there a possible alternative site?

Yes

☐

No

☐

If Yes, where?

Is there a possible alternative date?

Yes

☐

No

☐

If Yes, when?

Section Four – Event Activities

Do you intend to utilise or permit any of the following attractions at the event? If so, please tick the appropriate boxes (some of these may not be permitted at all sites).

- | | | |
|---|--|---|
| <input type="checkbox"/> Fireworks/pyrotechnics/
special effects | <input type="checkbox"/> Power Supply | <input type="checkbox"/> P A System |
| <input type="checkbox"/> Live Entertainment | <input type="checkbox"/> Live Music | <input type="checkbox"/> Toilets |
| <input type="checkbox"/> Food & Drink Concessions | <input type="checkbox"/> Portable Generator | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Carnival/Procession | <input type="checkbox"/> Motorcycles | <input type="checkbox"/> Market Stalls |
| <input type="checkbox"/> Stewarding/Security | <input type="checkbox"/> Lost Children Point | <input type="checkbox"/> Coconut Shy |
| <input type="checkbox"/> On Site Communications | <input type="checkbox"/> Portable Staging | <input type="checkbox"/> Marquees/Gazebos
or other temporary
structures |
| <input type="checkbox"/> Fairground Equipment | <input type="checkbox"/> Water (site
dependent) | <input type="checkbox"/> Barrier/Fencing |
| <input type="checkbox"/> Re-Enactment Groups | <input type="checkbox"/> Foreshore Boat | <input type="checkbox"/> Parachutists |
| <input type="checkbox"/> Inflatables (e.g. Bouncy
Castle) | <input type="checkbox"/> Hot Air Balloons | <input type="checkbox"/> Balloon Launch |
| <input type="checkbox"/> Horses/donkeys other
animals | <input type="checkbox"/> Other Motor
Vehicles | <input type="checkbox"/> Train Hire |
| <input type="checkbox"/> Bonfire/Barbecue Permit | <input type="checkbox"/> Berthing Facilities | <input type="checkbox"/> Aircraft |
| <input type="checkbox"/> Living History or Other | | |

Other (please specify):

If you have indicated in your application you will be using 'portable staging' or temporary structures such as marquees, gazebos, lighting towers etc. please provide specifications of the structure including details such as dimensions, stairs, handrails, etc. and who is going to erect them.

Section Five – Highway and Traffic Implications

If a formal Traffic Order is required, please allow 6 weeks notice. For addition help contact Peter Frost, peter.frost@hartlepool.gov.uk 01429 523200.

Do you anticipate the need for:

- | | | | |
|------------------------------|--------------------------|---|--------------------------|
| Road closure diversion | <input type="checkbox"/> | Traffic | <input type="checkbox"/> |
| Car park closure restriction | <input type="checkbox"/> | On street parking | <input type="checkbox"/> |
| Footpath closure | <input type="checkbox"/> | No traffic Implications or requirements | <input type="checkbox"/> |

If you have ticked any of the above, please provide full details or locations, dates and times.

Please provide details of the number, weight and size of delivery vehicles and/or participating vehicles.

Will vehicles be left on the site overnight? Yes ☐ No ☐

Will there be overnight security on site? Yes ☐ No ☐

You will be required to ensure the toilet facilities are adequate. Please submit details of your proposals to include method of disposal and if toilets are hired, the name and address of the hire company.

Please identify the method to be used in order to maintain the area free of litter and refuse.

Do you intend to use: Highway Directional Signs ☐ Banners/Posters ☐

Please provide full details:

Will you provide parking space for staff?

Yes

☐

No

☐

And/or the General Public?

Yes

☐

No

☐

If Yes, please indicate the approximate number of vehicles attending the event, indicate on your site plan your proposed car parking area and how you intend to manage the parking of those vehicles.



Section Six – Insurance

Has insurance been arranged in respect of Public Liability or Third Party risks?
(including production liability where appropriate)

Yes ☐ No ☐

Name of insurer

What is the value of the cover?

Please attach a copy of your Insurance Certificate

Section Seven – Licensing

With the implementation of the Licensing Act 2003 if your event includes: live/recorded music, dancing, plays films, indoor sporting events, boxing or wrestling entertainment or anything of a similar description, late night refreshment, or alcohol you will need to contact Hartlepool Borough Council's Licensing Team on 01429 523354 or email licensing@hartlepool.gov.uk

Have you applied for a Temporary Event Notice?

Yes ☐ No ☐

Have you applied for a Street Trading Licence?

Yes ☐ No ☐

Have you applied for a premises Licence?

Yes ☐ No ☐

Section Eight – Health, Safety and Risk

Have you completed a risk assessment of your venue/location?

Yes ☐ No ☐

If Yes, please attach risk assessment to application

Attached?

Yes ☐ No ☐

Please supply the name of your First Aid company

Number on site of:

Click here to enter text.

ers

Click here to enter text.

Click here to enter text.

ambulances

Paramedics

If using an independent ambulance provider we recommend that you use a Care Quality Commission registered provider.

Have you completed a Medical Plan?

Yes ☐

No ☐

If Yes, please attach medical plan to application.

Attached?

Yes ☐

No ☐

Name and contact details of nominated Events Safety Officer

Please indicate who you have made contact with regarding your event.

If you have any further comments or information in support of your event application please use the space below.

Section Nine – Declaration

In the event that arrangements alter to those proposed, the Independent Safety Advisory Group will be notified in order that it may review its advice. I acknowledge that the Independent Safety Advisory Group will not maintain its support of this event in the absence of notification of any major change to arrangements.

Checklist of Supporting Information

I have attached the following supporting documents:

- | | |
|--|--|
| <input type="checkbox"/> Site Plan/Safety Plan | <input type="checkbox"/> Medical Plan |
| <input type="checkbox"/> Fire Assessments | <input type="checkbox"/> Insurance Certificate |
| <input type="checkbox"/> Noise Assessments if required | <input type="checkbox"/> Risk Assessments |

Signed

Position

Date

Please note: Copies of this application will be forwarded to all members of the Independent Safety Advisory Group.

Please return by **email** to cemtpa@hartlepool.gov.uk