Safety Advisory Group Organisers' Questionnaire

1. Name of event:					
2. Type of event e.g. parade, fun day, protest, road race, fundraiser:					
3. Date(s) of event:					
4. Time of event:					
5. Location of event / proposed route (please attach plan or route where relevant):					
6. Name and address of organisation:					
7. Event organiser(s):					
Name: Address:	Name: Address:				
Postcode:	Postcode:				
Home phone: Work phone: Mobile phone: E-mail:	Home phone: Work phone: Mobile phone: E-mail:				
8. Services and attractions: to help us get as clearer picture of your event, please indicate with a tick (\checkmark) what services and attractions you plan to have at your event.					
Fairground / amusement ridesFood and refreshment concessionsnflatables / bouncy castlesBar / alcoholArena events / showsBarbecueCar boot saleLive music / sound broadcastStalls and exhibitionsFireworks / pyrotechnics / bonfireTemporary stagingFencing / barriersMarquees / tentsTemporary toiletsPortable generatorsPublic address / sound systemScaffold structuresTemporary lightingTemporary water suppliesTemporary gas supplies / LPG					

Please specify any additional facilities and attractions not listed above:

If you have ticked any of the above, please give details of the supplier / contractor, their address and contact details in question 26.

9. **Previous experience**: have you organised this event previously? YES / NO If yes, please give details:

10. **Attendance**: how many people to you expect to participate in / attend the event? What information is this figure based on?

11. **Events on the public highway**: if your event is on the public highway, please provide details of the following:

Assembly point (location and time):

Parking facilities in vicinity of assembly point:

Dispersal point (location and time):

Parking facilities in vicinity of dispersal point:

12. Permissions: has permission been granted for private land to be used in connection with this event?YES / NO If yes, please give details:

13. **Demonstrations**: are any organisations likely to demonstrate in opposition to the event? YES / POSSIBLY / NO If yes or possibly, please give details:

14. **Responsible person(s)**: please give details of the person(s) with overall responsibility during the event.

Name(s)

Contact details:

Location on the day:

15. **Event support**: please give details of the support being organised for your event.

First aid provision:

Pick up vehicle:

Stewards / security officers:

High visibility clothing:

Communications systems (radio / mobile phone):

16. **Briefing arrangements**: give details of the arrangements made for briefing stewards / security officers about their roles and duties.

17. Invited guests: please give details and status of any invited guests attending.

18. **Profile of event**: is the event of local, regional or national significance? LOCAL / REGIONAL / NATIONAL If regional or national, please give details.

- 19. **Media coverage**: has the event been advertised locally, regionally or nationally? Please give details.
- 20. **Media attendance**: do you expect the media to attend the event? (Will it be televised? Are the press invited?)

21. **Financing of event**: who is financing the cost of holding the event?

22. **Risk assessment**: has a risk assessment for the event been completed? YES / NO Please include a copy of your risk assessment with your completed questionnaire.

23. **Insurance**: do you have public liability insurance? YES / NO Please include a copy of this with your completed questionnaire.

24. Waste disposal: what arrangements have been made for waste disposal? Please

supply name, address and contact details.						
25. Vehicles / floats: if your event includes a mobile procession, how many vehicles / floats will there be?						
Please supply the following details:						
Vehicle type	Reg. No.	Driver's name	No. of people &	& type of display		
Please continu	e on a senarate s	heet if necessary				
Please continue on a separate sheet if necessary. 26. Details of suppliers / contractors : if you have ticked any of the services / attractions						
listed in question 8, or supplied information on additional facilities or attractions, please supply the name of the supplier / contractor, their address and contact details below.						
Type of service/ attraction	Name of s	upplier Ado	Iress	Contact details		

Please continue on a separate sheet if necessary.

27. **Additional information**: please use the space below to provide any other useful information or to expand on the details of your event.

Please return this questionnaire to:

Antonia Pompa, Safety Advisory Group, Lifelong Learning and Community, Walsall MBC, Civic Centre, Darwall Street, Walsall, WS1 1TZ.