Safety Advisory Group Event Form



|  |  |  |  |
| --- | --- | --- | --- |
| Name of event |  | | |
| Address or location of event |  | | |
| Date(s) of event |  | | |
| Event start time |  | Event finish time |  |
| Name of organisation |  | | |
| Contact name |  | | |
| Phone |  | | |
| Email |  | | |

|  |  |
| --- | --- |
| Brief outline of event programme / activities | |
|  | |
| Approximate number of people to attend: |  |
| Have you held this event before? | Yes No |
| Has the nature of scale of the event changed? | Yes No N/A |
| If yes, please give details of changes: |  |
|  | |

|  |  |
| --- | --- |
| Do you intend to have any of the following?  Please tick relevant boxes and provide brief details overleaf | |
| Sale or supply of alcohol \* | Music \* |
| Exhibition of film or performance of dance \* | Food and drink stalls |
| Fairground rides or inflatables | Barriers / fencing |
| Temporary stage | Marquees |
| Bonfire / fireworks / pyrotechnics | Lasers |
| Amplified speech / PA system | Parking prohibition \* |
| Carnival / procession | Banners or posters |
| Portable power supply | Road closure / traffic diversion \* |
| Motor vehicles | Animals |
| \*Please note that applications for licenses for these activities may take up to 8 weeks to be processed | |

|  |
| --- |
| Please provide details reference any activities ticked on page 1: |
|  |
| Please provide details of your measures to control the spread of COVID-19 and how you intend to comply with Government guidelines: |
|  |
| Please provide details of any toilet and sanitary facilities: |
|  |
| Please provide details of method to be used to dispose of waste from the event: |
|  |
| Please confirm whether you intend to use drones for any purpose during the event and how they will be controlled: |
|  |
| Please provide details of any car parking provision and how this will be managed: |
|  |
| Please give details of any first aid provision: |
|  |
| Please give details of any fire safety provision: |
|  |
| Please give details of any noise control measures: |
|  |
| Please give details of any temporary drinking water supplies to be provided: |
|  |
| Please give details of any external contractors and/or concessions: |
|  |

|  |
| --- |
| Are you submitting a site/route plan?  Site plans should be to scale and show the position of any stalls, stages or structures, toilets, first aid points, access/egress routes for emergency vehicles, car parking etc. For carnivals/ parades, route plans should show the location of marshals and any proposed road closures. |
| Yes No Available  to be reviewed? |
| Please confirm you have submitted an Event Management Plan |
| Yes No If no, please specify why: |

|  |
| --- |
| Once complete, email this form along with any associated documents to: [licensing@merton.gov.uk](mailto:licensing@merton.gov.uk)  This form will be circulated to the Safety Advisory Group. You may be requested to provide more details and/or attend a meeting of the Safety Advisory Group. You can find further advice in the Guide for Event Organisers, available at: |