SWAN HILL
Rural City Council

Please return this completed form to:
45 Splatt Street, Swan Hill VIC 3585
PO Box 488, Swan Hill VIC 3585 | DX 30166
Email: council@swanhill.vic.gov.au
Tel: 03 5036 2333

Event management application form

Please complete this form if you are planning to hold an event on Council owned or managed property in the Swan Hill municipality. You MUST refer to Council's Event Management publication prior to completing this application form. This guide will advise you of event requirements which MUST be provided to Council along with this application form at least four weeks prior to the event.

Once Council has processed your application, you will be notified in writing of the outcome within 10 working days.

Section 1: Event details	
Name of event	
Proposed date/s of event	
Proposed event location	
Proposed start time/s (public)	
Proposed finish time/s (public)	

Section 2: Event organiser details	
Event organisers name (Individual, club or group organising event)	
Contact name	
ABN/CAN	
Postal address	
Telephone	
Email	
Are you a charity or non-for-profit organisation?	☐ No ☐ Yes (please attach copy of proof e.g. Consumer Affairs certificate)

Section 3: Event overview			
Briefly describe your event			
Event set up date and time	Date: Time:	**Event pack up date and time**	Date: Time:
Expected number of participants (at any one time)	☐ <100 ☐ 100-500 ☐ 500-1,000 ☐ 1,000-2,000 ☐ >2,000 ☐ >5,000		
Has this event been held before?	☐ No ☐ Yes, please specify the year it was held: _____		
Do you intend on holding the event again?	☐ No ☐ Yes ☐ Not sure		
Cost for entry to event?	☐ Free ☐ Gold coin, compulsory ☐ Gold coin, voluntary ☐ $_____ cost per person		

Section 4: Insurance (refer to section five of the Event Management Guidelines)
It is a requirement of Council that event organisers MUST hold public liability insurance of at least $20million for the event. This policy must be extended to specifically cover the event, if it does not already do so. All events staged on Council owned or managed property must note Swan Hill Rural City Council as an interested party on this policy.

Do you have public/product liability insurance of at least $20 million	☐ No ☐ Yes (please attach copy)
If no, have you purchased Council's Casual Hirer's Public Liability insurance?	☐ No ☐ Yes (please attach casual hirer's booking form)
Will you be using volunteers at your event?	☐ No ☐ Yes (please attach copy of volunteers insurance)

Section 5: Food and drinks (refer to section five of the Event Management Guidelines)

Will food or drinks be sold at your event?	☐ No ☐ Yes	If yes, please list of proposed food and drink vendors below (if more room is needed, please attach an additional page to your application). It is your responsibility to collect a copy of their public liability insurance and FoodTrader Statement Of Trade https://foodtrader.vic.gov.au/	
Business name	**Food/drinks**	**Contact details**	**Public liability**

Will drinking water be available on site?	☐ No ☐ Yes
Will alcohol be supplied or sold at your event?	☐ No If no, skip to Section 6 ☐ Yes If yes, please attach a copy of a valid liquor licence and red line plan from Victoria Commission for Gambling and Liquor Regulation www.vcglr.vic.gov.au
If alcohol is served, please indicate how it will be present	☐ BYO ☐ Bar Other: _____
Do you require an exemption to Council's Local Law for the consumption of alcohol?	☐ No ☐ Yes If yes, please provide details of the exemption: _____ _____

Section 6: Traffic management and road closures (refer to section five of the Event Management Guidelines)	
Will the event require road closures?	☐ No If no, skip to Section 7 ☐ Yes
If yes please complete the attached temporary road closure application.	

Section 7: Fireworks (refer to section five of the Event Management Guidelines)	
Will there be fireworks at your event?	☐ No ☐ Yes If yes, please provide details below
Details of Licensed Pyrotechnician who will discharge fireworks. **Please note:** The Pyrotechnician must submit a WorkSafe notification of intent to discharge fireworks & copies of licences to Council.	Name: _____ Contact number: _____

Section 8: Temporary structures (refer to section five of the Event Management Guidelines)	
Will temporary structures be used at the event?	☐ No If no, skip to section 9 ☐ Yes If yes, please indicate below
Fencing	☐ Perimeter fencing ☐ Other (please specify): _____
Marquees	Number of marquees/tents: _____ Size/s in m^2: _____ _____ _____
Stage/s	Number of stages: _____ Size/s in m^2: _____ _____ _____
Seats	☐ Individual ☐ Seating stands ☐ Number of seats: _____
Pre-fabricated buildings	Larger than 100m^2: ☐ No ☐ Yes Placed directly on ground? ☐ No ☐ Yes
Other e.g. light towers	

Section 9: Entertainment and amusement rides (refer to section five of the Event Management Guidelines)	
Please describe the entertainment program i.e. live music, pony rides, face painting etc.	
Will any employees/volunteers be undertaking child related work at your event? (refer to section five of the Event Management Guidelines, you may be required to provide a statement)	☐ No ☐ Yes If yes, provide a statement that all employees, volunteers and vendors hold a current Working with Children's Check. You must also ensure they have a current Working With Children's Check and carry this card on them during the event
Will there be amusements rides (including jumping castles) at your event? **Please note:** copies of insurance must be provided to Council showing minimum $20million in public liability.	☐ No Skip to Section 10 ☐ Yes Specify in detail below _____ _____ _____
Will you be using powered amusement rides?	☐ No ☐ Yes If yes, please attach copy of operator/device license

Section 10: Toilets (refer to section six of the Event Management Guidelines) *There should be approximately one toilet to every 200 people. The number of toilets will depend on anticipated crowd numbers, patron gender and whether alcohol will be served.*		
Are there public toilets at the event site?	☐ No ☐ Yes	
Will you provide extra temporary toilets?	☐ No ☐ Yes	If yes, how many? Female: __ Male: __ All accessible: __

Section 11: Waste management (refer to section six of the Event Management Guidelines) *Event organisers are responsible for the waste and litter generated at their event. Waste bins are to be provided by the event organiser.*	
How many bins will you provide?	
Name of waste company providing and collecting bins	

Section 12: Site services (refer to section six of the Event Management Guidelines)		
Will you require access to power for the event?	☐ No	☐ Yes
Do you require access to lighting for the event?	☐ No	☐ Yes
Do you require the park/facility to turn off sprinklers for the event?	☐ No	☐ Yes

Section 13: First Aid (refer to section six of the Event Management Guidelines)	
Will you have trained first aid staff at your event?	☐ Yes How many? _____ ☐ No You will need to seek a first aid provider
Is your first aid provider a commercial operator or paid?	☐ Yes If yes, provide name of first aid provider _____ ☐ I have confirmed the provider is licensed with the Department of Health ☐ No, service is being provided free/voluntarily and the first aid provider is qualified; and I have checked with the Department of Health. Name of first aid provider: _____ Level of qualification held: _____
How many first aid posts will you have at you event?	

Section 14: Emergency response and communication (refer to section six of the Event Management Guidelines)		
Have you notified emergency services of your event?	☐ Yes ☐ No	Please note: If your event may affect the ability of emergency services to access an emergency, you must inform Ambulance Victoria, CFA, SES and Victoria Police.
Do you have an Emergency and Communication Response Plan and Site Map for the event?	☐ Yes If yes, please attach copies	☐ No If no, please complete sections 14A and 14B

Section 14A – Emergency contact details

Title/organisation	**Contact person**	**Phone number**
Event Manager		
Safety Manager		
Council Contact		
First Aid		
Hospital		
Victoria Police – local station		
Ambulance		
CFA		
SES		
VicRoads (if applicable)		
Security (if applicable)		
Taxi (if applicable)		
Electrician (if applicable)		
Other		

Section 14B – Emergency Response and Communications	
Have all officials/volunteers been instructed on their role/responsibilities?	☐ Yes ☐ No
Describe the communication system between organisers/staff /volunteers.	
Describe the communication system for the general public.	
Describe the lost person procedure.	
Is there a designated pickup/drop-off point for taxis/buses?	☐ Yes ☐ No
Is there car parking for emergency vehicles and disabled patrons?	☐ Yes ☐ No
Describe provisions for parking and public transport at the site.	
Will security/crowd control be used at the event? Please describe.	
How will volunteers/marshals be identified?	
Site map	*You must attach a detailed site map that includes emergency assembly area, first aid, entry & exits, information/admin tent, parking, toilets, stalls/marquees, activities, temporary structures - e.g fencing, light towers etc. (at minimum).*

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Section 15: Risk Assessment (refer to section four of the Event Management Guidelines)

Have you completed a Risk Assessment for your event? ☐ Yes ☐ No If no, please complete table below

There are a number of potential hazards associated with running an event. Complete the table below to identify the potential risks and the actions taken to minimise or eliminate those risks. Use the generic event risk assessment table in the Event Management Guide to assist you to undertake your event risk assessment.

Activity	**Hazard Identification** What can happen?	**Risk Assessment** What are the consequences of an incident occurring?			**Hazard control/s** What is currently in place to reduce the risk?	**Actions Required** Person responsible and date actioned.
		Likelihood	**Consequence**	**Risk rating**		
		Possible	Severe	Extremely High		
		Possible	Severe	Extremely High		
		Possible	Severe	Extremely High		
		Possible	Severe	Extremely High		
		Possible	Severe	Extremely High		
		Possible	Severe	Extremely High		
		Possible	Severe	Extremely High		
		Possible	Severe	Extremely High		

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Section 16: Place of Public Entertainment (POPE) Checklist (refer to section five of the Event Management Guidelines)
Determination for Occupancy Permits under Section 49 of the Building Act
(Checklist for Applicant or Events Coordination Group)
Please complete the following questions on this form to assist in confirming if the proposed event is or is not a place of public entertainment as defined under the Building Act. .

Location of Event	
Date/s of Event	
Type of Event	

• Will the event be enclosed or substantially enclosed?	**Yes** ☐ **No** ☐
• Will admission to the event be gained by payment of money or the giving of other consideration, and which is used for the purpose of public entertainment?	**Yes** ☐ **No** ☐
• Is the event held in a class 9b (public building) that has a floor area greater the 500m^2?	**Yes** ☐ **No** ☐
• Is the event being held in a place (other than a building) having an area greater than 500m^2?	**Yes** ☐ **No** ☐
• Will there be any tents, marquees or booths with a floor area greater than 100m^2?	**Yes** ☐ **No** ☐
• Will there be any seating stands for more than 20 people?	**Yes** ☐ **No** ☐
• Will there be any stages or platforms (including sky borders and stage wings) exceeding 150m^2?	**Yes** ☐ **No** ☐
• Prefabricated buildings exceeding 100m2 other than ones placed on the ground surface?	**Yes** ☐ **No** ☐

Name	
Date	
Signature	

If yes has been indicated on any of the above questions, the Event Applicant will need to contact the Swan Hill Rural City Council, Building Department on 5036 2396 for further instruction.

Section 17: Finalising your event application	
Please ensure you have included the following attachments as part of your Event Application (please note additional information may also be required).	☐ Public Liability insurance ☐ List of proposed food vendors ☐ Emergency and Communication Response Plan ☐ Site map ☐ Risk Assessment ☐ POPE Checklist

Declaration	
I have read and completed my Event Management Plan Application Form in good faith and have adhered to all the requirements specified by Swan Hill Rural City Council. All details are accurate and true and my event will be organised and managed as I have described unless advised otherwise by Swan Hill Rural City Council. I understand that completing this Application does not constitute event approval. I also understand a Council Officer will advise me of the next steps required for my event to gain approval.	
Print name	
Signature	
Date	

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Facility inspection form

The facility should be checked prior to the event to ensure that it is in a safe / suitable condition for use, that all equipment to be used is stored correctly, and is available for use.

After the event the facility should be checked again to verify compliance with the conditions of use and to compile a record of the condition of the premises.

Pre-Event Inspection

Check List	Yes	No	Comments (if required)
Facility Clean			
Utilities available / working			
Equipment stored correctly			
Emergency exit door clear			
Fire Fighting equipment in place			
Safety instructions provided			
Structural damage			
Equipment loss or damage			
Grounds tidy / clean and safe			

Date Inspected: / / **Inspected by:**

Post-Event Inspection

Check List	Yes	No	Comments (if required)
Facility Clean			
Utilities available / working			
Equipment stored correctly			
Emergency exit door clear			
Fire Fighting equipment in place			
Safety instructions provided			
Structural damage			
Equipment loss or damage			
Grounds tidy / clean and safe			

Date Inspected: / / **Inspected by:**

Incident report form (example)

INJURED PERSONS DETAILS

Name _____

Address _____

Phone number _____

INJURY DETAILS

Event

Attending:

Location of

Event:

Date of Incident:_____/___/_____

Nature and extent of injury

Part of body injured	□ Head	□ Trunk	□ Multiple
	□ Eyes	□ Arm	□ General
	□ Neck	□ Leg	□ Unspecified
Nature of injury	□ Sprain	□ Laceration	□ Burn
	□ Fracture	□ Concussion	□ Superficial
	□ Multiple	□ Dislocation	□ Amputation
	□ Contusion	□ Other	
Type of incident	□ Flying object	□ Manual handling	□ Electricity
	□ Struck by	□ Poisons	□ Fall
	□ Caught in	□ Temperature	□ Other

How did the incident happen?			
Incident Investigation – Event Manager's Report			
Witness Details			
What caused the incident?	□ Ineffective guarding □ Lack of maintenance □ Unsafe work methods □ Weather	□ Lack of protective equipment □ Safety rules not followed □ Misconduct □ Poor housekeeping	□ Lack of training □ Inexperience □ Workplace design (equipment, design, layout)
Explain			
How can a recurrence be prevented?			

Event Managers Name: _____

Signature:_____Date: _____