

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 dates of event	
Proposed event location	

Section 2: Event organiser details	
Event organisers name (Individual, club or group organising event)	
Contact name	
ABN/CAN	
Postal address	
Telephone	
Email	

Section 3: Event overview			
Briefly describe your event			
Event start time (public)		Event finish time (public)	
Event set up date and time	Date:	Event pack up date and time	Date:
	Time:		Time:
Expected number of participants	<input type="checkbox"/> <100 <input type="checkbox"/> 100-500 <input type="checkbox"/> 500-1,000 <input type="checkbox"/> 1,000-2,000 <input type="checkbox"/> >2,000 <input type="checkbox"/> >5,000		
Has this event been held before?	<input type="checkbox"/> No <input type="checkbox"/> Yes - please specify the year it was held _____		
Do you intend on holding the event again?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure		
Cost for entry to event?	<input type="checkbox"/> Free <input type="checkbox"/> Gold coin <input type="checkbox"/> \$_____ 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 \$10 million 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 \$10 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 beverage (refer to section five of the Event Management Guidelines)

Will food be sold at your event?

No Yes

If yes, please list of proposed food 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 required food permit Streatrader-Statement Of Trade www.streatrader.health.vic.gov.au

Business name

Food/beverage

Contact details

Public liability

Will drinking water be available on site?

No Yes

Will alcohol be supplied or sold at your event?

No Yes

If no, skip to Section 6

If yes, please attach a copy of a valid liquor licence 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 sections below

Section 6A - Please note: *If the main road is under VicRoads control, approval for the closure of the road is required from Vic Roads. Police approval is also required for any event located on a road.*

Description of the road	Street name:			
	Between (street name):		and (street name):	
	Town:			
	Date/s of closure:			
	Proposed hours:			
	Please describe the reason for the road closure:			

Section 6B – Police notification

I have notified the following Police Station about the proposed temporary road closure

Police Station	
Police Officer's name and title	
Comments (if any)	

Section 6C – Traffic management and road closure checklist.

Below is a list of documentation that must be provided at the time of application

1. Road Traffic Management Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
2. Memorandum of Authorisation (located at the back of application form)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
3. Public Liability Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
4. VicRoads approval	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
5. Police approval	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

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 to Council	Name: _____ Contact number: _____
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Section 8: Temporary structures (refer to section <u>five</u> of the Event Management Guidelines)	
Will temporary structures be used at the event?	<input type="checkbox"/> No If no, skip to section 9 <input type="checkbox"/> Yes If yes, please indicate below
Fencing	<input type="checkbox"/> Perimeter fencing <input type="checkbox"/> Other (please specify) _____
Marquees	Number of marquees/tents: _____ Size/s in m ² : _____ _____ _____
Stage/s	Number of stages: _____ Size/s in m ² : _____ _____ _____
Seats	<input type="checkbox"/> Individual <input type="checkbox"/> Seating stands Number of seats: _____
Pre-fabricated buildings	Larger than 100m ² : <input type="checkbox"/> Yes <input type="checkbox"/> No Placed directly on ground? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 9: Entertainment and amusement rides (refer to section <u>five</u> 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?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please ensure they have a current Working With Children's Check and carry this card on them during the event
Will there be amusements rides (inc jumping castles) at your event?	<input type="checkbox"/> No If no, skip to Section 10 <input type="checkbox"/> Yes If yes, specify below
Will you be using powered amusement rides?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach copy of operator/device Work Cover license

Section 10: Toilets (refer to section <u>six</u> of the Event Management Guidelines) <i>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.</i>	
Are there public toilets at the event site?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Will you provide extra temporary toilets?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how many? Female:_____ Male:_____ All accessible:_____

Section 11: Waste management (refer to section <u>six</u> of the Event Management Guidelines) <i>Event organisers are responsible for the waste and litter generated at their event. Waste bins are to be provided by the event organiser.</i>	
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?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you require access to lighting for the event?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you require the park/facility to turn off sprinklers for the event?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Section 13: First Aid (refer to section six of the Event Management Guidelines)

Will you have trained first aid staff at your event?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, how many? _____
Will you have first aid posts at you event?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, how many? _____

Section 14: Emergency response and communication (refer to section six of the Event Management Guidelines)

Have you notified emergency services of your event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please note: If your event may affect the ability of emergency services to access an emergency, <u>you must</u> inform Ambulance Victoria, CFA and Victoria Police.
Do you have an Emergency and Communication Response Plan and Site Map for the event?	<input type="checkbox"/> Yes	If yes, please attach copies	<input type="checkbox"/> 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

Your site map must include emergency assembly area, first aid, exits, information/admin tent, parking, toilets, stalls/marquees (at minimum).

Section 16: 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

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

Please send the completed form along with all attachments to:

Swan Hill Rural City Council

PO Box 488

Swan Hill VIC 3585

Or email to: council@swanhill.vic.gov.au

Should you require any further assistance completing this form please phone (03) 5036 2333.



SWAN HILL RURAL CITY COUNCIL

MEMORANDUM OF AUTHORISATION
TO ERECT, DISPLAY, PLACE, REMOVE OR ALTER TRAFFIC CONTROL DEVICES

APPLICATION				
Pursuant to Regulations under Part 2 – Installation of Traffic Control Devices – of the Road Safety (Traffic Management) Regulations 2009, I/we hereby apply for authorisation to erect, display, place, remove or alter (as the case may be) the Traffic Control Device(s) as specified herein.				
I/We also agree and acknowledge that:				
1. The Traffic Control Devices will be removed before the "Expiry (Removal) Date" unless a further authorisation has been granted;				
2. Accurate records of actual usage will be kept in a recoverable document (eg. diary);				
3. The attached plans are a true and accurate reflection of the base information and proposed treatment(s); and				
4. The treatment(s) as shown on the plan(s) are in accordance with the Worksite Safety Traffic Management - Code of Practice.				
1. APPLICATION DATE:		COUNCIL CONTACT DETAILS:		
APPLICANT DETAILS		8. COUNCIL CONTACT:		
2. NAME:		9. COUNCIL CONTRACT / PROJECT NO:		
3. COMPANY:		CONTRACTOR DETAILS		
4. PH NUMBER:		10. CONTRACTOR:		
5. FAX NUMBER:		11. ON SITE CONTACT:		
6. EMAIL:		12. ON SITE CONTACT MOB:		
7. SIGNATURE:		TRAFFIC MANAGEMENT COMPANY DETAILS		
Please do not alter the format of the MOA Application form. Please note that ALL fields must be completed in order to process your MOA application.		13. TRAFFIC MANAGEMENT COMPANY:		
		14. ON SITE CONTACT:		
		15. ON SITE CONTACT MOB:		
16. Have the following been applied for and approved? (Please tick the appropriate boxes).				
	YES	N/A	EXEMPT	Permit / App Number
PLANNING PERMIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
WORKS WITHIN ROAD RESERVES NOTIFICATION & CONSENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
NOTIFICATION OF PROPOSED WORKS (SHRCC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DESCRIPTION OF WORK / EVENT				
17. TYPE OF WORK / EVENT:				
18. SCOPE OF WORK:				
18a. LANE CLOSURE DETAILS:		18c. DIRECTION:		
18b. SPEED REDUCTION:		18d. TIME DELAY:		
19. IS THIS APPLICATION A REPEAT OF ONE PREVIOUSLY AUTHORISED?:		IF YES, THE SWAN HILL REF NUMBER IS/WAS:		
20. MAJOR CONTROL DEVICE(S):				
21. MINOR CONTROL DEVICE(S):				
22. MAJOR CONTROL DEVICE(S) FOR AFTERCARE:				
23. MINOR CONTROL DEVICE(S) FOR AFTERCARE:				
LOCATION DETAILS				
24. AREA / TOWN / SUBURB:		27. MUNICIPALITY:		
25. DECLARED ROAD NAME:		28. VCSD REF. Edition:		
26. LOCAL ROAD NAME:		29. MELWAY Ref. Edition:		
30. NEAREST INTERSECTING ROAD OR CHAINAGE:				
31. OTHER LOCATION DETAILS:				
EXPECTED DISPLAY DATES / TIMES				
32. DAYS: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday				
33. ERECTION DATE: (i.e. dd/mm/yyyy)				
34. EXPIRY (REMOVAL) DATE: (i.e. dd/mm/yyyy)				
35. DAILY DISPLAY TIMES: (i.e. 9:30am to 3:30pm)				
36. DISPLAY TIMES (AFTER CARE): (i.e. 3:30pm to 9:30am)				
37. PERMANENT DEVICES TO BE CHANGED OR COVERED:				
AUTHORISATION (Swan Hill Rural City Council Internal Use Only)				
As a Swan Hill Rural City Council officer with the delegated power, I hereby grant authority to the use of Traffic Control Devices as specified above.			Authorised copies to:	
..... Signature			1. Contractor / Applicant	
..... Title			2. Police Highway Patrol	
Date:/...../.....			3. Council file	
			4. Project file	