

Event Notification Form

Co	nta	ct	De	etai	ils
\sim	····	v	-	, ca	

Name of organisation or person	
promoting the event.	
Name of Safety Officer or person	
responsible for liaison with the Safety	
Advisory Group	
Telephone	
Email address	
Address	

Event Details		
Name of the event:		
Place of the event (including the postcode):		
Day and date of the event:		
Setup start time for event:	Setup finish time for event:	
Start time of the event:	End time of event:	
Description of the event including provision of	Ū.	
How many people approximately, do you anticipate may attend the event, please provide details of spectators, exhibitors, participants event staff etc. separately:		
If this is a charitable event, the name and Charthe authorising charity:	arities Commission Registration number of	
Will all monies raised go to this charity?		

Will there be an admission charge?

Traffic Management

Will the public highway be affected?

Do you intended to use a Traffic Management Company?

A Traffic Management Plan including details of the proposed route/s must be provided.

Contact Highways Department at North Yorkshire Council if you require road closures: Area2.Thirsk@northyorks.gov.uk



Please note requests for road closures should be made in the calendar year prior to your event where possible.

The following should be considered and arranged for your event where appropriate:

- Event Insurance.
- General risk assessments.
- Fire risk assessment including details for any pyrotechnics (fireworks).
- Site plan/s indicating access and egress, evacuation routes, access for emergency vehicles and details of all the activities/structures/facilities, car parking, etc.
- Timetable/ programme of events/activities.
- Car parking arrangements for event staff, exhibitors and visitors etc.
- Crowd Management, including security/stewards/ marshals and briefings.
- Incident management arrangements
- Counter terrorism measures.
- Waste management including waste disposal.
- Arrangements for medical/first aid cover including completion of Yorkshire Ambulance Assurance forms. (Provided by the Safety Advisory Group).
- Licensing requirements, for example for the sale of alcohol and any entertainment such as music of any nature.
- Arrangements for lost children/vulnerable adults.
- Communications including PA system, radios, signage and public information.
- Arrangements for any sporting exhibitions.
- · Provision of welfare facilities.

Please provide an Event Safety p	lan and risk assessments i	in good time l	before your (event
to be considered by members of t	he Safety Advisory Group.			

to be concluded by	members of the carety havisery creap.		
You may be invited to attend a meeting of the Safety Advisory Group or please indicate if you wish to attend a meeting.			
Yes I wish to attend	a meeting of the Safety Advisory Group:		
Please note that meetings are normally held during the working day at the Civic Centre Northallerton however site visits can be arranged where appropriate.			
Contact details Email: sag.ham@nc Telephone: 0300 13 Address: Environme Way, Northallerton, DL6 2	1 2 131. ntal Health Service, North Yorkshire Council, Stone Cross, Rotary		
Signed:			
Capacity:			
Date:			