



Severn Ambulance & Medical Services

A Voluntary Organisation Serving the Community

20 Stanshawe Crescent
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CQC Provider ID: 1-362861230
Registered Charity Number: 1150895
National Business Register: 2263819

SAF08 Public Event Booking

Public Event Booking Form

(To be completed in as much detail as possible; this will assist us in arranging your medical cover.
Please note a booking form must be completed for each event unless otherwise agreed.)

Event Details

Name of event:

Nature of event:

Date of event:/...../.....

Times: (NB: Please make allowances for the event being set-up/broken-down and people arriving early)

Start: :

Finish: :

Number of years the event has previously run:

Organisers Details

Contact name:

Contact address:

Post code:

Contact details:

Landline:

Mobile:.....

During event:

E-mail:

Address for donation receipt:

(if different)

Post code:

Order number:

If a UK Individual Taxpayer or Partnership is providing this donation and would like to Gift Aid the amount, please tick this box and complete the attached Gift Aid declaration

Venue Details

Venue name:

Venue Address:
.....
.....
Post code:

Access times: (NB: Requirement for access before event is dependant on the type of event cover required)
Day prior to event: Open: :
Close: :
Earliest access on event day 1)
Open: :

Type of terrain:
(Please provide details of any special requirements)

Number of sites:
(Please provide a map of any event spread over a large area or multiple sites)

Health & Safety

Contact name:

Contact address:
.....
.....
Post code:

Contact details:
Landline:
Mobile:.....
During event:
E-mail:

Activities planned:
.....
.....

Overnight Camping: Y / N Tents: Y / N
Marquees: Y / N Trade stands: Y / N

Expected crowd/attendees:
Public:
Participants:

Details of any increased risk activities planned:
.....
.....
.....

Details of any previous incidents:
.....
.....
.....

General Information

Are staff toilet facilities available on site: Y / N

Will refreshments be provided for Severn Ambulance staff: Y / N

If yes please give details:

.....
.....

Does your public liability insurance cover stipulate:

First Aider:	Y / N	Number of:
First Aid post:	Y / N	Number of:
Ambulance cover:	Y / N	Number of:
Paramedic cover:	Y / N	Number of:
Doctor:	Y / N	Number of:
Ambulance Officer:	Y / N	Number of:

Please provide details of any other requirements:

.....
.....
.....

Have the emergency services been informed:

Amb. service:	Y / N	Fire service:	Y / N
Police service:	Y / N	Local council:	Y / N

Please attach any additional information you feel may be useful.

Signed: Position:

Name: Date:/...../.....

Risk Assessment

Purpose and necessity;

The aim of this risk assessment is to set out the level of necessity for medical provision to ensure that medical, ambulance and first-aid assistance, as appropriate, are available to all those involved in an event. The event organiser needs to minimise the effects of an event on the healthcare provision for the local population and, wherever possible, reduce its impact on the local NHS facilities and ambulance service.

The number of people requiring medical treatment at any event will vary considerably, as will the type of ailment. These will vary with environmental conditions and can range from traumatic injuries due to crushing, falls, fighting or conditions such as hyperventilation, exhaustion, dehydration, sunstroke, hyperthermia or hypothermia, emotional or anxiety attacks, food poisoning or the serious effects of drugs or alcohol. Acute medical emergencies such as heart attack or stroke will need to be provided for as well.

At events which may take place over several days, such as festivals, conditions common in general practice are likely to predominate. In addition, people with various existing disabilities and medical conditions such as asthma, diabetes, heart, or psychiatric problems may attend events where their condition could be worsened.

Previous experience suggests that approximately 1-2% of an audience will seek medical assistance during an event day. Of these, around 10% will need further treatment on site. Approximately 1% of the number requiring initial medical assistance will require subsequent referral to hospital. It should be recognised that other factors such as ineffective welfare facilities, poor weather conditions, absence of free drinking water or the presence of other 'on site' hazards may increase this number.

It is essential that all major events have suitable arrangements for the triage, treatment, and transport of those in need. Ensure that this provision is approved by the local authority who will take into account the recommendations of the NHS usually through the NHS ambulance service or in Scotland the local health board.

(Taken from: The Event Safety Guide. Chapter 20: Medical, Ambulance & First-Aid Management. Pp.122-123)

The process;

On the following pages you will find a short series of tables, within which you will find options to describe the type and history of your event.

You should select options from sections A through to L as appropriate.

Using the Health and Safety Executives Event Safety Guides scoring method we will then assess your event for the quantity and type of medical provision deemed necessary. We will then be able to provide a quotation based on the provision of appropriate medical provisions (please keep in mind that Severn Ambulance is able to provide a range of the services detailed below which will reduce any risk assessment score).

Risk assessment table sequence: One

Item	Details	Score	Please Tick	
(A) Nature of Event	Classical performance	2		
	Public Exhibition	3		
	Pop/rock concert	5		
	Dance event	8		
	Agricultural country show	2		
	Marine	3		
	Motorcycle display	3		
	Aviation	3		
	Motor Sport	4		
	Sporting event – indoors	-		
	Sporting event - outdoors	-		
	State occasions	2		
	VIP visit	3		
	Music festival	3		
	Bonfire/pyrotechnic display	4		
	New Year celebrations	7		
	Demonstrations/marches/political events			
	Low risk of disorder	2		
Medium risk of disorder	5			
High risk of disorder	7			
Opposing factions involved	9			

Item	Details	Score	Please Tick
(B) Venue	Indoor	1	
	Stadium	2	
	Outside in a confined location	2	
	Other outdoor	3	
	Widespread public location in streets	4	
	Temporary outdoor structures	4	
	Includes overnight camping	5	

Item	Details	Score	Please Tick
(C) Standing/seating	Seated	1	
	Mixed	2	
	Standing	3	

Item	Details	Score	Please Tick
(D) Audience Profile	Full mix, in family groups	2	
	Full mix, not in family groups	3	
	Predominantly young adults	3	
	Predominantly children and teenagers	4	
	Predominantly elderly	4	
	Full mix, rival factions	5	

Office use only: Table sequence one - total of A+B+C+D =

Risk assessment table sequence: Two

Item	Details	Score	Please Tick
(E) Past History	Good data, low casualty rate previously (less than 1%)	-1	
	Good data, medium casualty rate previously (1%-2%)	1	
	Good data, high casualty rate previously (more than 2%)	2	
	First event, no data	3	

Item	Details	Score	Please Tick
(F) Expected numbers	<1000	1	
	<3000	2	
	<5,000	8	
	<10,000	12	
	<20,000	16	
	<30,000	20	
	<40,000	24	
	<60,000	28	
	<80,000	34	
	<100,000	42	
	<200,000	50	
	<300,000	58	

Office use only: Table sequence two - total of E+F =

Risk assessment table sequence: Three

Item	Details	Score	Please Tick
(G) Expected queuing	Less than 4 hours	1	
	More than 4 hours	2	
	More than 12 hours	3	

Item	Details	Score	Please Tick
(H) Time of year (outdoor events)	Summer	2	
	Autumn	1	
	Winter	2	
	Spring	1	

Item	Details	Score	Please Tick
(I) Proximity to definitive care (nearest suitably A&E facility)	Less than 30 minutes by road	0	
	More than 30 minutes by road	2	

Item	Details	Score	Please Tick
(J) Profile of definitive care	Choice of A&E departments	1	
	Large A&E department	2	
	Small A&E department	3	

Item	Details	Score	Please Tick
(K) Additional hazards	Carnival	1	
	Helicopters	1	
	Motor sport	1	
	Parachute display	1	
	Street theatre	1	

Item	Details	Score	Please Tick
(L) Additional on-site facilities	Suturing	-2	
	X-ray	-2	
	Minor surgery	-2	
	Plastering	-2	
	Psychiatric/GP facilities	-2	

Office use only: Table sequence three - total of G+H+I+J+K+L =

Office use only: Total of table one + two + three =



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SAF36 Gift Aid Declaration



Gift Aid declaration – for past, present & future donations

Name of charity or Community Amateur Sports Club

Severn Ambulance & Medical Services

Please treat as Gift Aid donations all qualifying gifts of money made

today in the past 4 years in the future

Please tick all boxes you wish to apply.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Donor's details

Title First name or initial(s)

Surname

Full home address

.....

Postcode

Date Signature

Please notify the charity or CASC if you:

Want to cancel this declaration

Change your name or home address

No longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.