*Address any query regarding this form to the Health, Safety and Wellbeing team through the* [*Workday system*](https://wd3.myworkday.com/federation/d/home.htmld)

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| 1. **Event Details**
 |
|  | *Name of Event Organiser* |  | *Name of Event Manager* |  |
|  | Click here to enter text. |  | Click here to enter text. |  |
|  |  |  |  |  |
|  | *Institute/Directorate/Organisation* |  |
|  | Click here to enter text. |  |
|  |  |  |  |  |
|  | *If Not a Federation Staff Member, Provide Contact Details* |  |
|  | Click here to enter text. |  |
|  | *Full Description of Event* |  |
|  | Click here to enter text. |  |
|  |  |  |  |  |
|  | *Expected Number of Participants* |  |
|  | [ ]  1 – 50 |  | [ ]  51 – 100 |  | [ ]  101 – 200 |  | [ ]  201 or more |  |
|  |  |  |  |  |
|  | *Start Date of Event* |  | *Start Time* |  | *Finish Date* |  | *Finish Time* |  |
|  | Click here to enter a date. |  | Click here to enter text. |  | Click here to enter a date. |  | Click here to enter text. |  |
|  |  |  |  |  |
|  | [ ]  Berwick [ ]  Camp Street [ ]  Gippsland[ ]  Mt Helen [ ]  SMB [ ]  Wimmera[ ]  Other (specify: Click here to enter text.) |  |
|  |  |  |  |  |
|  | *Precise Location/Venue of Event* |  |
|  | Click here to enter text. |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 1. **Facilities**
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|  |  |  |  |  |
|  | *If “Yes” to any of the items below,* ***contact Property and Infrastructure at least 10 working days prior to the event*** |  |
|  | 1. Induction of contractors or external service providers required. [ ]  No [ ]  Yes
2. Access to power points required for electrical equipment, appliances, etc. [ ]  No [ ]  Yes
3. Doors (external or internal) need to be accessed after hours for this event [ ]  No [ ]  Yes
4. Assistance required to set up or pack up event equipment, furniture, etc. [ ]  No [ ]  Yes
5. Signage required to help direct participants to the event venue, parking, etc. [ ]  No [ ]  Yes
6. Cleaners required during or after the event [ ]  No [ ]  Yes

Additional requirements or comments:Click here to enter text. |  |
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| 1. **IT Services**
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|  |  |  |  |  |
|  | *If requiring assistance to set up audio-visual equipment , video-conference, Teams or Skype call, or any other electronic equipment for the event,* ***contact IT Services at least 10 working days prior to it.*** |  |
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| 1. **Security and Protocol**
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|  | *If “Yes” to any of the following risks,* ***contact the Security Supervisor at least 10 working days prior to the event*** |  |
|  | 1. Alcohol will be served/consumed at the event [ ]  No [ ]  Yes
2. Illicit drugs may be introduced into the event venue [ ]  No [ ]  Yes
3. [Weapons or dangerous articles](http://federation.edu.au/__data/assets/pdf_file/0016/321631/Weapons_Guideline.pdf) may be present at the event [ ]  No [ ]  Yes
4. Event is likely to attract media attention [ ]  No [ ]  Yes
5. Participants may include VIPs, politicians, senior officials or celebrities [ ]  No [ ]  Yes
6. Nature of event or identity of participants may be controversial [ ]  No [ ]  Yes
7. Event may disturb neighbours [ ]  No [ ]  Yes
8. Persons under the age of 18 may be present at the event [ ]  No [ ]  Yes
9. Crowd controllers will be required [ ]  No [ ]  Yes
10. Security Officer(s) will be required to manage vehicle traffic and/or parking [ ]  No [ ]  Yes
11. Security Officer(s) will be required for other reasons (specify below) [ ]  No [ ]  Yes

Any other foreseeable security risk:Click here to enter text.  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 1. **Health and Safety**
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|  |
|  | *If “Yes” to any of the following risks,* ***contact the OHS Coordinator at least 10 working days prior to the event*** |  |
|  | 1. Mixed pedestrian and vehicle traffic [ ]  No [ ]  Yes
2. Hazardous equipment (e.g. amusement rides, inflatable structures, etc.) [ ]  No [ ]  Yes
3. Hazardous electrical equipment or installations [ ]  No [ ]  Yes
4. Hazardous machinery (e.g. lifting equipment, heavy plant) [ ]  No [ ]  Yes
5. Hazardous chemicals (e.g. pyrotechnics, dry ice, ‘smoke machine’, etc.) [ ]  No [ ]  Yes
6. Open flames [ ]  No [ ]  Yes
7. Hazardous physical activities (e.g. contact sports, access to heights, etc.) [ ]  No [ ]  Yes
8. Hazardous noise levels [ ]  No [ ]  Yes
9. Possibility of drowning [ ]  No [ ]  Yes
10. Extremes of temperature or weather events [ ]  No [ ]  Yes
11. Other natural risks (e.g. falling branches, animals, etc.) [ ]  No [ ]  Yes
12. Activities generating heat or smoke indoors [ ]  No [ ]  Yes
13. Participants with special needs (access, medical, behavioural, etc.) [ ]  No [ ]  Yes
14. Inadequate first aid/emergency planning (e.g. trained staff, procedures, etc.) [ ]  No [ ]  Yes

Any other foreseeable health and safety risk:Click here to enter text. |  |
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| 1. **Approval** *(Event Manager)*
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|  |
|  | *Name of Event Manager* |  |
|  | Click here to enter text. |  |
|  |  |  |  |  |
|  | I have reviewed the details of the proposed event and all associated documents, and I confirm that:[ ]  Risks relating to security, health or safety have been identified, assessed and controlled as far as reasonably practicableA Traffic Management Plan: [ ]  is required and has been submitted (attached) [ ]  is not required[ ]  Vehicle parking considerations have been adequately addressedAn Emergency Management Plan: [ ]  is required and has been submitted (attached) [ ]  is not requiredConsultation with all relevant stakeholders, which may include any of those listed below, has taken place appropriately: |  |
|  | [ ]  Disability Services[ ]  Property and Infrastructure[ ]  Legal | [ ]  Public Relations and Marketing[ ]  Health, Safety and Wellbeing/Security[ ]  IT Services |  |
|  | I therefore approve the conduct of the event.  |  |
|  | If additional Security Staff are required as part of this approval, I allow associated costs to be charged against the following account code 🡪 | Click here to enter text. |  |
|  |  |  |  |  |
|  | *Date* |  | *Signature of Event Manager (print this form and hand-write your signature below)* |  |
|  | Click here to enter a date. |  |  |  |
|  |  |  |  |  |

*Keep original of this form in Institute/Directorate/Centre files, and send copies to:*

*(a)* [*Health, Safety and Wellbeing via Workday*](https://wd3.myworkday.com/federation/d/home.htmld)

*(b)* *Property and Infrastructure*