



Camps Event Management Plan

This form must be completed at least **8 weeks prior** to the event date.

This form must be scanned and submitted to events@guild.uwa.edu.au or printed and handed in at the UWA Student Guild Events Office.

*Please ensure that **all** criteria are correctly filled before submitting.*

Office Use Only

Date received:
Received by:
Approved by:
Comments:

SECTION 1 | EVENT DETAILS / SUMMARY

Event Name		
Event Date Start Date: End Date:	Event Time Start time: End time:	
Event Location/Venue	Venue Type (stadium, hall, art gallery, etc)	
No of Guests Invited:	No of Guests Expected:	Venue Capacity

1.1 Categorisation (as per the Camp policy)

- | | |
|--|--------------------------|
| 1. Inclusive camp for all ages with no alcohol present. | <input type="checkbox"/> |
| 2. 18+ camp with alcohol and strict compliance with camps | <input type="checkbox"/> |
| 3. Camps with alcohol and under-agers can only be held if we consult the University and determine that it will not result in a breach of our obligations under the Guild's Service Level Agreement with the University (will only be approved under special circumstances) | <input type="checkbox"/> |

1.2 Description of the Event

What is the Main purpose/attraction?

What activities will be on during the event?

- 1.
- 2.
- 3.
- 4.

SECTION 2 | EVENT DETAILS

2.1 Transportation

How will attendees get to/from the Camp location?

If you are providing transport:

Please advise the type of transport?

Please advise what transport is available for guests who wish to leave the camp early?

Event starting location:

Event end location:

2.2 The Venue

Complete Address of where guests will stay the night:

Has written approval been received from the location in writing to host your event? (please attach)

Yes ☐ No ☐

Have you researched and do you fully understand the locations rules and regulations related to holding your event on their premises?

Yes ☐ No ☐

Please provide contact details for the venue:

- Phone:
- Email:
- Other:

2.3 Accommodation

Type of accommodation:

Configuration (i.e. how is accommodation allocated)

No. of male dorms available	
No. of female dorms available	
No. of mixed dorms available	

2.4 Facilities

Please list the facilities at the location:

-
-
-
-

Are there any local swimming holes?

☐

Yes

☐

No

If yes – please provide details of an appropriate life guard who will monitor the swimming hole:

Please advise what you will do to mitigate the risk associated with drinking and drowning?

Have you confirmed there are sufficient waste and recycling facilities onsite?

Please indicate the number of toilets available for use during the event:

Male WC's	
Metres of urinal	
Female WC's	

2.5 Cleaning

Please advise what you have in place to ensure the camp and supporting facilities are kept clean, safe and healthy:

2.6 Catering, Food and Snacks

Catering at the location?

Please detail the food available:

Meal	Item	Price
Breakfast		
Breakfast		
Breakfast		
Vegetarian Breakfast		
Lunch		
Lunch		
Lunch		
Vegetarian Lunch		
Dinner		
Dinner		
Dinner		
Vegetarian Dinner		
Snacks		
Snacks		
Snacks		
Snacks		
Snacks		
Snacks		
Snacks		
Snacks		
Vegetarian Snacks		

Please provide details of the person cooking the food:

Has this person completed a food safety training course?

Yes ☐ No ☐

Please provide details of the course:

2.7 Safety and Security

Is your event in a remote location? How close is the nearest town?

Do you have sufficient mobile phone coverage at the camp location?

Yes ☐ No ☐

If you are moving location do you have sufficient mobile phone coverage at each event location?

Yes ☐ No ☐

What is the closest hospital and how far away is it?

Outline the systems and technologies that event staff will use to communicate with police, security and emergency service personnel:

-
-
-

2.8 Event Management

Please list the provisions you have made to minimise and monitor the level of noise:

-
-
-
-

Will an information centre be clearly identified and available to patrons at the event?

Yes ☐ No ☐

What systems and technologies will be in place for communicating with patrons?

Have you completed and included a site plan complete with the below information:

Checklist	Explanation		Checklist	Explanation	
<i>The surrounding area</i>			<i>lost property</i>		
<i>Entrances and exits</i>			<i>drinking water sites</i>		
<i>emergency access routes</i>			<i>food</i>		
<i>vehicle pathways</i>			<i>toilets</i>		
<i>pedestrian pathways</i>			<i>fire extinguishers</i>		
<i>parking</i>			<i>public telephones/help points</i>		
<i>sleeping arrangements</i>			<i>other:</i>		
<i>locations of activities</i>					
<i>security locations</i>					
<i>first aid</i>					
<i>chill out zones</i>					
<i>alcohol free areas</i>					
<i>alcohol permitted areas</i>					

Yes ☐ No ☐

SECTION 3 | GUESTS

Please state an estimated number of attendees in each age bracket:

< 18	No. of total audience:
18 – 25	No. of total audience:
25 – 29	No. of total audience:
30 – 39	No. of total audience:
40+	No. of total audience:
Non UWA Students	No. of total audience:

No of persons of responsible persons at the event:

(Responsible persons have completed all event management training and will be in a drug free and sober state with a 0% BAC)

No. of qualified first aiders at the event:

Is the event ticketed? Yes ☐ No ☐

Ticket Price:

How many are attending the camp without paying a ticket price?

Has the event been advertised externally?

Yes ☐ No ☐

How will you manage circumstances should unexpected guests arrive at your location?

SECTION 4 | Event Organiser

Name:

Address:

Telephone (work):

Telephone (mobile):

Telephone (home):

Contact Number during the event:

Email address:

Guild Training Modules Completed:

Risk Management ☐

Event Management ☐

First Aid ☐

RSA ☐

Approved Manager ☐

Mental Health ☐

Working with Children ☐

Other:

Event Organiser second in command

Name:

Address:

Telephone (work)

Telephone (mobile)

Telephone (home)

Contact Number during the event:

Email address:

Training Modules Completed:

Risk Management ☐

Event Management ☐

First Aid ☐

RSA ☐

Approved Manager ☐

Mental Health ☐

Working with Children ☐

Other:

First Aid

Name of individuals/company:

Address:

Telephone (work)

Telephone (mobile)

Telephone (home)

Contact Number during the event:

Email address:

SECTION 4a | CATEGORISATION

Please complete this section if your event falls into Category 1: (Inclusive Event with No alcohol present)

How many guests are attending?

How many responsible persons will be operating the event?

Do all responsible persons have valid Working with Children cards?

Have you obtained the required permissions and contact details for parents of underage guests?

Have you obtained the required information regarding attendee's physical and mental health?

Have you obtained the required information regarding attendee's dietary requirements?

Have you ensured water is provided free of charge and water locations are clearly marked?

Yes ☐ No ☐

SECTION 4b | CATEGORISATION

Please complete this section if your event falls into **Category 2: (18+ Event with strict compliance to Camps Policy)**

How will Alcohol be served at the event:

- ☐ BYO alcohol will be allowed to be consumed at the event
- ☐ There is a licensed premise at the location

What measures do you have in place to ensure the safe consumption of alcohol?

-
-
-

What foods will be available throughout the entirety of the event?

-
-
-

Please list all beverages you will be providing at the event? (including alcoholic and non-alcoholic (we recommend canned soft drinks))

Beverage	Served in	Quantity	Cost

Will water be provided free of charge throughout the event?

Yes ☐ No ☐

Are the locations of the water stations clearly marked on the map?

Yes ☐ No ☐

How many organisers will not be consuming alcohol during the event?

Are you providing security?

Yes ☐ No ☐ Number of Security ☐

Please provide details of your plan to manage intoxicated guests:

Have you researched and do you fully understand the licensing requirements of the venue, UWA policy on alcohol and other drugs and liquor licensing act 1988.

Yes ☐ No ☐

SECTION 4c | CATEGORISATION

Please complete this section if your event falls into **Category 3: (Camps with alcohol and under-agers can only be held if we consult the University and determine that it will not result in a breach of our obligations under the Guild's Service Level Agreement with the University)**

Alcohol and Underage guests

How will underage guests be identified?

How do you plan to keep alcohol away from underage guests?

What are your procedures if an 18+ provides an underage guest with an alcoholic beverage?

How will you advise guests about alcohol consumption, including that alcohol will not be served to juveniles and intoxicated patrons? Please provide examples:

How many alcohol dispensing and consumption areas will be available?

Dispensing	
Consumption	

How will the boundaries of consumption areas be defined?

Alcohol Management

How will Alcohol be served at the event:

- ☐ BYO alcohol will be allowed to be consumed at the event
- ☐ There is a licensed premise at the location

What measures do you have in place to ensure the safe consumption of alcohol?

-
-
-

What foods will be available throughout the entirety of the event?

-
-
-

Please list all beverages you will be providing at the event? (including alcoholic and non-alcoholic)

Beverage	Served in	Quantity	Cost

What types of containers will be used to serve drinks?

- 1.
- 2.
- 3.

How many organisers will not be consuming alcohol during the event?

Are you providing security?

Yes ☐

No ☐

Number of Security ☐

Please provide details of your plan to manage intoxicated guests:

SECTION 5 | HEALTH, SAFETY and SECURITY

Has a security firm been contracted?

Yes ☐

No ☐

Please provide details:

Company		Contact Person	
Contact Number		Contact Email	
Licence/accreditation details		No. of personnel	

Security will commence at:

Security will conclude at:

What security arrangements have been made for:

Cash	
Asset Protection	
Prohibited Items	

Have you considered the following potential safety and security issues and please outline what you have put in place to mitigate these risks:

Sexual Assault		
Bullying		
Peer Pressure		
Racism		
Sexism		
Mental and Physical Abuse		

Emergency Procedures:

Have you attached details of your evacuation plan?

Yes ☐ No ☐

How will these details be circulated to guests?

SECTION 6 | CONSULTATION

6.1 Stakeholder List

List the names of individuals and organisations you have consulted with in the planning on this event:

Stakeholder	Contact Name	Telephone
<i>e.g. Medical service provider</i>		

6.2 Meetings

Planning Meeting (before the event) Please list the details of the meeting with stakeholders:

Date: **Time:** **Venue**

Briefing Meeting (before the event) Please list the details of the meeting with stakeholders:

Date: **Time:** **Venue**

Debriefing Meeting (before the event) Please list the details of the meeting with stakeholders:

Date: **Time:** **Venue**

If available, contact person

SECTION 7 | TICKETING AND PROMOTION

Is the event ticketed?

Yes ☐ No ☐

What is the ticketing process? (pre-sold/on entry)

How much are tickets?

What is included in the price of the tickets?

What is the focus of the event?

How is this explained in the publicity and promotion?

How will the event be promoted?

Does the event promotion and publicity reinforce the messages about safe drinking practices?

Have you included any of the following messages in promotional and publicity material?

<i>RSA practices will be followed</i>		<i>Don't drink and drive</i>	
<i>18+ if applicable</i>		<i>Water will be freely available</i>	
<i>ID required</i>		Alcoholic and Non-alcoholic areas are available	
<i>Organise a designated driver</i>		<i>Glass containers are not permitted</i>	
<i>Go to chill out/rest area for help</i>		<i>Bags and eskies may be searched or restricted</i>	
<i>Food and snacks will be available</i>		<i>If inclusive event - parental consent may be required</i>	

SECTION 8 | INSURANCE and PERMITS

Have you investigated public liability and duty of care issues and obtained appropriate insurance?

☐ No

☐ Yes, our club is affiliated with the UWA Student Guild and our normal events approved by

the Guild are covered under the Guild's insurance policy

☐ Yes, our event is covered by the University's insurance policy

☐ Yes, other

What are the health and safety permits required by the local council? Please list all the permits/approvals required or obtained for this event:

-
-
-
-

SECTION 9 | COMPILE A FILE

Has a filing system been established?

Yes ☐ No ☐

Who is responsible for maintaining this file?

Documents to be kept:

Complete the following checklist to ensure that all records are included in the file and submitted where required:

Event Plan		Emergency Plan	
Complete Itinerary		Key contact list inc. local services	
Written approval from the venue		Publications/advertisements	
Organisers training certificates		Internal correspondence	
First Aiders certificates		External correspondence	
Details of committee members		Quotes for services/products	
Stakeholders contacts		Activity program	
Applications for licenses		Contracts	
Site Plan		Risk Management Plan	
Attendance list		Staff/Volunteer details	
Information document for attendants			

SECTION 10 | EVENTS AUDITS

Events may be audited by UWA to ensure they comply with the relevant University policies and state legislations.

I agree to comply in all respects with the conditions and regulations for organising and running an event both on and/or off the University Campus.

Event Manager Signature:

Date:

SECTION 11 | DECLARATION AND SIGNATURES

I agree to comply with the legislation outline in the following documentation:

The Charter of Student Rights and Responsibilities:

Sign:

Date:

The University Policy on Alcohol and Other Drugs:

Sign:

Date:

The Code of Ethics and Code of Conduct:

Sign:

Date:

The Work Health and Safety Policy:

Sign:

Date:

The Liquor Control Act 1988:

Sign:

Date:

The Sex Discrimination Act 1984:

Sign:

Date:

I agree to host my event in complete alignment with the specifications and details outlined in this plan and in accordance with the event management policy:

Sign:

Date: