

Medium Event Management Plan for events with a planned activity and no alcohol present

*Abridged Event Management Plan*

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| **Medium Event Criteria:**A medium event is one with ANY of the following features:* More than 50 people but less than 250 people invited
* Alcohol is being served in a licensed venue providing staff and security
* No underage guests if alcohol is served
* Planned activity (including physical which may result in personal injury)

**Note:** There are **2 medium event forms** this is the form for anevent **NOT INCLUDING ALCOHOL –** please check you arecompleting the correct one | **Office Use Only****Date received:****Received by:****Approved by:** **Comments:** |
| This form must be completed at least **4 weeks prior** to an event.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 filled before submitting the application.* |
| **SECTION 1: EVENT DETAILS****1.1 Event Details**  |
| **Club Name:**  |
| **Event Name:** |
| **Event Location/Venue:** | **Venue Type** (stadium, hall, art gallery, etc) |
| **Expected Attendance (max)** | **Venue Capacity** |
| **Event Date**Start Date:End Date: | **Event Time**Start time:End time: | **Set up/Clean up Time**Start time:End time: |

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| **1.2 Event Manager** |
| **Event Manager**Name:Email Address:Contact Number:Contact Number during the event: |
| **Alternate Person’s Contact Details**Name:Email Address:Contact Number: |
| **First Aid Officer** |
| **Will you have an onsite First Aid Officer? (required for all events including a physical activity)** **Yes No** |
| **First Aid Officer 1 details:**Name:Email Address:Contact Number:Contact Number during the event:**First Aid Officer 2 details:**Name:Email Address:Contact Number:Contact Number during the event:***Please note you will need to send through Valid first Aid Certificates for all First Aiders onsite*** |
| **Please confirm the following:*** The First Aid post will be clearly identifiable
* The First Aid post will be equipped with a complete First Aid Kit
* Your first aiders will be onsite for the duration of the event
* Your first aiders know the closest ambulance access point
* If on campus that your first aiders know to contact security 6488 3020 if an ambulance is

called |

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| **1.3 Description of the Event** |
| **Describe the event and its main purpose** |
| **List details of the type of activity involved:**

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| **Activity Name** | **Description** |
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**Additional Comments** |

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| **1.4 Patron Details** |
| **Who is the target audience?** |
| **Are there <18 attendees?** **Yes****No** |
| **Patron Age Details – 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:Please provide details of the non UWA students expected to be in attendance: |
| **How will you ensure that each participant is both mentally and physically fit to complete the activities involved? (i.e. pre-registration/consent forms)** |

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| **SECTION 2: GENERAL CONSIDERATIONS****2.1 Alcohol** |
| **Will alcohol be available at the event?*****Please note that if alcohol is available and there is a physical activity involved you will be required to complete a Major Event Management Plan*****No** – Alcohol will not be served or consumed at the event**Yes** – Alcohol will be sold or supplied by the licensed venue.  |
| **As an alcohol free event please explain how you will manage the following:*** Guests who arrive with BYO alcohol:
* Guests who arrive intoxicated:
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| **Has the event manager or any other event staff completed any training modules? Yes**  **No**If yes, please list:

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| Name (first, last) | Date Completed | Training and Provider  |
| *e.g. Joe Bloggs* | *17/03/14* | *RSA - APSI* |
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| **2.2 Public Liability** |
| **Have you investigated public liability and duty of care issues and obtained appropriate insurance for the event?****No****Yes** – Our Club is affiliated with the Guild therefore after approval, our event is covered by Guild’s Insurance Policy**Yes** – The event is covered by the University’s Insurance Policy**Yes** – otherIf other, please state: |

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| **SECTION 3: PLANNING THE EVENT****3.1 Venue Details** |
| **Venue address (if off campus):** |
| **Please confirm that the venue is fit for purpose i.e. is suitable for the activity that you have planned:** |
| **Have you advised the venue of the activities you have planned:** **Yes** **No** |
| **Are there modifications required to the venue for the duration of the event? (i.e. movie screen)****No Yes**If yes, please state: |
| **Do you require power, if so have you researched your requirements and the venues power availability:** **Yes N/A** |
| **As an event manger, have you made yourself familiar with the necessary evacuation plans and housekeeping rules required by the venue?****Yes****No** |

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| **3.2 Requirements****Perth Council** |
| **Have you researched and applied for the relevant Perth Council permits:*** Food Permit Yes N/A

(see Guild website – other forms for details regarding when this is required) * Electrical Certification (Form 5)
* Form 1
* Form 2
* Structural Certification

Comments: |
| **Licensing** |
| **Have you research and applied for any additional licenses required (such as movie rights) if so please list below:***
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| **3.3 Event Promotion and Ticketing** |
| **What is the focus or purpose of the event?** (For example, family run, social function, sporting contest, musical entertainment) |
| **How is this explained in the promotion and publicity for the event? (how have ensured they are aware of the action involved in each activity)** |
| **Describe the communication mediums used to publicise and promote this event, i.e. where is the event to be publicised and promoted?**This includes social media and print media. |
| **How much will entry/participation in the event cost patrons?** **$****What is included in this price?***
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| **SECTION 4: CONSULTATION WITH KEY STAKEHOLDERS****4.1 Stakeholder Register** |
| **List the names of individuals and organisations you have consulted with in planning this event.**

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| Stakeholder | Contact Name | Contact Number |
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| **SECTION 5: EVENT AUDITING AND COMPILE A FILE****5.1 Event Auditing and File Compilation** |
| **Events may be audited by UWA to ensure they comply with the relevant University policies and state legislations. Therefore, you are required to keep documents and information**.**Has a filing system been established?****Yes****No****Who is responsible for maintaining the file? Name: =** |

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| **SECTION 6: ACCEPTANCE****6.1 Declaration and Signature** |
| **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:** |

**Please Note if your event involves a Physical Activity you are required to complete a Risk Assessment Form**