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| Hire of open spaces | | | | | | New NCC logo-black |
| Booking form | | | | | |
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| **Before you complete the booking form please read the guidance notes**  Not all sections may apply to you so please put N/A if this is the case. If you wish to discuss your event with us please phone 01603 212138  Email your completed form to [events@norwich.gov.uk](mailto:events@norwich.gov.uk) | | | | | | |
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| Section 1: organiser’s details | | | | | | |
| **Name of organisation:** |  | | | | | |
| **Address:** |  | | | | | |
| **Postcode:** |  | | | | | |
| **Email:** |  | | | | | |
| **Name of event organiser:** |  | | | **Telephone:** |  | |
|  |  | | | **Mobile:** |  | |
| **Name of site manager:** |  | | | **Telephone:** |  | |
|  |  | | | **Mobile:** |  | |
| **Registered address of the organisation:** | | | |  | | |
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| Section 2: event information | | | | | | |
| **Is this a community event?** | | Yes  No | | | | |
| **Is this a commercial event?** | | Yes  No | | | | |
| **Location:** | |  | | | | |
| **Arrival on site dates & times** | | Date | | | Time | |
| **Departure from site dates & times** | | Date | | | Time | |
| **Name of activity:** | |  | | | | |
| **Activity date:** | |  | | | | |
| **Activity operating times:** | | From | | | To | |
| **Anticipated number of people:** | | |  | | | |
| **What is your audience profile?** | | |  | | | |
| **Have you organised this event before?** | | | Yes  No | | | |
| **Have you organised a similar event before** | | | Yes  No | | | |

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| Section 3: event outline | | | | | | |
| Please describe what your event is and what the elements are. | | | | | | |
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| Please give details of any entertainment, bands, displays, stalls catering, inflatables etc? | | | | | | |
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| What activities are within your event? | | | What are the key risks and what are you doing to ensure they are safe? | | | |
| Inflatables | | Yes  No |  | | | |
| Funfair | | Yes  No |  | | | |
| Fireworks | | Yes  No |  | | | |
| Hot air balloons | | Yes  No |  | | | |
| Live music | | Yes  No |  | | | |
| Market | | Yes  No |  | | | |
| Motorsport/Display | | Yes  No |  | | | |
| Performers | | Yes  No |  | | | |
| Re-enactment groups | | Yes  No |  | | | |
| Sport event | | Yes  No |  | | | |
| Stalls | | Yes  No |  | | | |
| Section 4: plan, aim and objectives What are you trying to achieve in this event? Is it to bring the community together, raise money, showcase local talent etc.? | | | | | | | |
| Section 5: key contacts and roles and responsibilities | | | | | | | |
| Who are the key contacts for your event? They might include: | | | | | | | |
| **Contact:** | **Name:** | | | **Contact number:** | **Role/responsibility:** | | |
| Site manager: |  | | |  |  | | |
| Stalls manager: |  | | |  |  | | |
|  |  | | |  |  | | |
| Entertainment manager: |  | | |  |  | | |
| Security manager: |  | | |  |  | | |
| Health and Safety manager: |  | | |  |  | | |
| Police contact: |  | | |  |  | | |
| Council contact: |  | | |  |  | | |
| Others (please list): | | | | | | | |
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| Section 6: event management structure | | | | | |
| How are you managing the event on the day?  Please draw a chart showing the lines of responsibility and who is in charge of each area. | | | | | |
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| Section 7: crowd management, stewarding and security | | | | | |
| How are you going to manage crowd numbers and movement around the site, congested areas, pinch points on site, the entrances and exits, out of bounds areas etc.? | | | | | |
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| Please describe the stewards and security will you be providing, where they will be positioned, what times are they working and what are they doing? | | | | | |
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| Please outline any areas which may need particular attention? Gates, bar areas, children’s areas. | | | | | |
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| Section 8: emergency and evacuation procedures | | | | | |
| What are you going to do if you have an emergency? | | | | | |
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| Who would you need to get involved? | | | | | |
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| If you needed to evacuate the site how would you do this? | | | | | |
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| Section 9: traffic management – on and off site, including emergency access | | | | | |
| How are you going to manage the set up and break down of the site? It is advisable to minimise all vehicle movement. | | | | | |
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| If people are driving to your event, where are they going to park? What provision have you put in place for this? What public transport arrangements are there? | | | | | |
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| What on-site support vehicles do you need and why do you need them: | | | | | |
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| Section 10: services | | | | | |
| What services are you bringing on site? Please list all of these with details of the service providers. | | | | | |
| **Area** | | **Do you have insurance for them?** | **What safety checks will you be conducting?** | | |
| Barriers | | Yes  No |  | | |
| Big Top marquee | | Yes  No |  | | |
| Built seating | | Yes  No |  | | |
| Caterers | | Yes  No |  | | |
| Electrics | | Yes  No |  | | |
| Inflatables | | Yes  No |  | | |
| Fairground equipment | | Yes  No |  | | |
| Gas | | Yes  No |  | | |
| Generators | | Yes  No |  | | |
| Lighting towers | | Yes  No |  | | |
| Marquees | | Yes  No |  | | |
| PA | | Yes  No |  | | |
| Portaloos | | Yes  No |  | | |
| Road Closures | | Yes  No |  | | |
| Scaffolding structures | | Yes  No |  | | |
| Security personnel | | Yes  No |  | | |
|  | | | | | |
| Other (please list below): | | | | | |
|  | | Yes  No |  | | |
|  | | Yes  No |  | | |
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| Section 11: severe weather and event cancellation | | | | | |
| What weather conditions will lead to the cancellation of the event? How will you communicate this to the public, staff, performers, and crew? | | | | | |
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| Section 12: medical provision – public, staff, performers & crew | | | | | |
| What medical provision will you have on site? Who has made this assessment? | | | | | |
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| Section 13: fire precautions and equipment | | | | | |
| Will you have fire extinguishers on site? | | | | Yes  No | |
| Are any marquees fire retardant? | | | | Yes  No | |
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| Section 14: communications | | | | | |
| How are you going to communicate with public, staff, performers, and crew? | | | | | |
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| What communication do you have on site with the public eg a PA system? | | | | | |
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| Section 15: media | | | | | |
| Are there any media on board? Yes  No | | | | | |
| If, so who are they? | | | | | |
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| Section 16: waste management | | | | | |
| How are you going to keep the site clean? | | | | | |
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| Section 17: noise management plan | | | | | |
| If you have a PA system how are you going to ensure that the noise levels are acceptable for the area you are in? | | | | | |
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| Section 18: lost children policy | | | | |
| How are you going to deal with lost children, what is your policy? | | | | |
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| Section 19: site plans | | | | |
| Draw up a site plan and identify on it where everything is, including activity areas, gates, stages, stewards, security, and vehicle and public access and exit points emergency routes etc. Please attach this as a separate document. | | | | |
| Section 20: licensing conditions | | | | |
| Do you have a premises licence | | | | |
| Yes  No  or a temporary events notice for this event?  Yes  No | | | | |
| If yes, please give the number of the licence or notice: | | | | |
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| Section 21: how are you going to ensure that the conditions of hire are met? | | | | |
| Please provide details on protection of the park, how you are going to manage the services to make sure they don’t cause damage to the park, etc. | | | | |
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| Section 22: risk assessments | | | | |
| You need to complete a risk assessment. Please attach it as a separate document. | | | | |
| Section 23: your deadlines | | | | |
| What are the key deadlines that you must reach before your event? | | | | |
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| **Section 24: other information** | | | | |
| Please include any other information you may wish to provide: | | | | |
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| **Section 25: insurance** | | | | |
| Event organisers are required to hold a current policy of public liability insurance or third party risks (including products liability where appropriate). The relevant limit of indemnity shall be at least £5 million per claim and the council reserves the right to require a higher limit if deemed necessary.  Organisers will be required to produce evidence of their insurance cover.  **Note:** All documentation must be produced before the exchange of contracts. | | | | |
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| **Section 26: references** | | | | |
| **Please supply names and addresses of two people who will give a reference detailing your past experience in event organisation:** | | | | |
| Name: |  | | Name: |  |
| Occupation: |  | | Occupation: |  |
| Address: |  | | Address: |  |
| Telephone: |  | | Telephone: |  |

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| Equality monitoring form | | | |  | | | |
| Confidential | | | |  | | | |
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| We believe everyone should have equal and fair access to services and facilities. We aim to prevent anyone being discriminated against. To help us make sure we are meeting these aims please complete the section below.  You do not have to answer these questions. If you choose not to answer these questions it will not make any difference to the service you receive.  The information you provide will be only used for monitoring and is strictly confidential. | | | | | | | |
|  | | | | | | | |
| **Date of birth:** |  | | **Gender:** | | Male  Female | | |
| **First part of postcode (eg NR1)** |  | | | | Decline to answer | | |
|  | | | | | | | |
| **Ethnic group** | | | | | | | |
| **White** | | | **Black/African/Caribbean/black British** | | | | |
| English/Welsh/Scottish/Northern Irish/British |  | | African | | | |  |
| Irish |  | | Caribbean | | | |  |
| Any other white background |  | | Any other black/African/ Caribbean background | | | |  |
|  | | | | | | | |
| **Mixed/multiple ethnic groups** | | | **Gypsy/Traveller** | | | | |
| White and black Caribbean |  | | Romany Gypsy | | | |  |
| White and black African |  | | Traveller – Irish origin | | | |  |
| White and Asian |  | | Traveller – other | | | |  |
| Any other mixed/multiple ethnic background |  | |  | | | |  |
|  | | | | | | | |
| **Asian and Asian British** | | | **Other ethnic group** | | | | |
| Indian |  | | Arab | | | |  |
| Pakistani |  | | Any other ethnic group | | | |  |
| Bangladeshi |  | |  | | | |  |
| Chinese |  | Decline to answer | | | |  | |
| Any other Asian background |  |  | | | | | |
|  | | | | | | | |
| **Do you consider yourself as having a disability?** Yes  No  Decline to answer | | | | | | | |