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|----------------------------|---------------|--------------|--------------------|-----------|--------------|------------------|
| For office use only | Date of event | | Date form received | | Duty Number | |
| Type of cover | Ambulance | Response Car | Cycle Response | Personnel | Medical Tent | Confirmed |
| Required | | | | | | |
| Covered by | | | | | | |

Event Information Form

In order that we may fully consider your request for First Aid cover at your event, please complete the details of your event below. If all the requested details are not yet available, please indicate when you expect them to be available. If you have a safety plan or map of the area / event etc, please forward this also

Please supply as much information as possible so that we can assess your event. The information supplied on this form will help determine the level of cover required for the event.

| Your details | | | | | | |
|--|--|--|-----------------------|--|---|--|
| Organization name | | | | | | |
| Address | | | | | Eircode: | |
| Contact name | | | | | | |
| Email address | | | | | | |
| Telephone numbers: | Daytime: | | | | | |
| | Mobile: | | | | | |
| About the event | | | | | | |
| Event date: | | | Start time: | | End time: | |
| Type of event | | | | | | |
| Event location | Address | | | | | |
| | Eircode of event (if available) | | | | GPS Co-ordinates | |
| How often is your event held? | | | | | | |
| Have you other dates? | | | | | | |
| If yes, when are they? | | | | | | |
| Admission Price (if applicable) | | | | | | |
| Attendance at the event | Expected attendance? | | | | Overall attendance (including workers) | |
| Accommodation for general public | | | | | | |
| What risks are to be considered? (e.g. Rivers, Lakes, Traffic, etc) | | | | | | |
| To whom should our volunteers report? | | | Mobile number: | | | |

Form continues on page 2

| Specific activities | |
|--|--|
| Into which category does your event fall? | |
| First Aid facilities | |
| Is there a First Aid room available for St John Ambulance? | |
| What refreshments will be provided for our volunteers? | |
| Are there any other organizations involved in medical provision or assisting in other ways? (if yes, please provide details, below) | |
| What sort of first aid cover do you think your event warrants? <i>(note: this information will be used to inform a decision by St John Ambulance Ireland)</i> | |
| Any other relevant details | |
| | |

***I understand that completion of this form does not guarantee event cover.
Confirmation of Agreement will follow.***

| | | | |
|--|--|-------|--|
| Signed: <i>If completing electronically, either sign or type in name.</i> | | Date: | |
|--|--|-------|--|