A black background with a black square

Description automatically generated with medium confidence TMR: Event Medical cover request form.

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| Event Organiser details. (please ensure the address is the invoice address). | | | | | | | | | | | | |
| **Contact Name:** |  | | | | | | | | | | | |
| **Address:** |  | | | | | | | | | | | |
| **Telephone (Home):** | |  | | | | | **(Work)** | |  | | | |
| **Mobile:** |  | | | | | | **E-mail** | |  | | | |
|  | | | | | | | | | | | | |
| Event Details | | | | | | | | | | | | |
| **Name/Title of Event:** |  | | | | | | | | | | | |
| **Address of Event:** |  | | | | | | | | | | | |
| **Planned activities:** |  | | | | | | | | | | | |
| **Event date** |  | | | | | | | | | | | |
| **Map Ref or what three words:**  Please indicate map used |  | | | | | Times: | | ***Start*** | |  | ***Finish*** |  |
|  |  | | |  |  | | | | | | | |
| About the venue, please indicate which is relevant | | | | | | | | | | | | |
| Type of venue: | | | Indoors, outdoors, forestry, stadium, park, streets ETC. | | | | | | | | | |
| If outdoors, what type of terrain? | | |  | | | | | | | | | |
| How many event sites? | | |  | | | | | | | | | |
| Access/directions to the site (main roads, field, special requirements) | | |  | | | | | | | | | |
| Is there a suitable helicopter landing area? | | |  | | | | | | | | | |
| Are all parts of the site accessible by road vehicle? (Car/Ambulance) | | |  | | | | | | | | | |

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| --- | --- |
| Participants | |
| Will those attending be expected to queue? | Less than 4 hours More than 4 hours |
| Will those attending be: | Full mix, Full mix,  in family groups not in family groups  Predominately Predominately  young adults children and teenagers  Predominately Full mix,  elderly rival factions |
| Will the audience be: | Seated Standing Mixed |
| Max anticipated attendance: |  |

|  |  |
| --- | --- |
| Resource Details | |
| Is there an area available for medical treatment? | Room, tent, or does TMR need to provide their own. |
| Is there drinking water on site? | YES Where: NO |
| Is electricity available on site? | YES Where: NO |
| Are there toilet facilities on site? | YES Where: NO |
| Is there parking available for staff? | YES Where: NO  Number of spaces: |

|  |  |
| --- | --- |
| Miscellaneous | |
| Does your public liability insurance stipulate any specific first aid/medical/ambulance cover? |  |
| Are there any safety, club, or governing body rules to comply with? | (who? what?) |
| Do you have any other first aid/medical/ambulance arrangements? Do your rules require a Doctor/Paramedic? |  |
| Have any statutory services been informed? | Fire Police Ambulance Coastguard |
| Is this event licensed by the local authorities? | YES Whom: NO |
| Any alcohol being served at the event? |  |
| Expected weather at the event? And is there any buildings/shade from adverse weather conditions? |  |
| Is there any over night camping at the event? |  |
| Any extreme hazards present at the event? | e.g. ice, air craft, fire, pirotechnics, moving vehicles, weapons, climbing, body of water. |

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| Please supply |
| * A copy of any risk assessment relating to the event. And any other information you feel may be relevant to us. |
| * A map or site plan (or provide a sketch drawing in the space provided below) of the event area showing access/exit points. Please highlight any restrictions on access (barriers, gates, one-way systems, road closures). Also highlight any special access for emergency vehicles or any ‘sterile routes. |
| NOTES: |

**DECLARATION**

By signing this declaration, you are confirming you agree to all terms and which can be requested via email or can be found on our website. You are also stating that all the information you have provided is correct and accurate. Please note this is not stating that you agree to our services, just our terms and conditions. Once a quote has been sent and accepted there will be an additional declaration stating you agree to the quote. (we will accept your name in lieu of a signature.)

Signed for and behalf of: (Company/Organisation name)

By (name in block letters):

Signed Date: