

## SHIRE OF GOOMALLING

Office Address: 32 Quinlan Street, Goomalling Postal Address: PO Box 118, Goomalling WA 6460 Telephone: (08) 9629 1101 Email: goshire@goomalling.wa.gov.au

## **NOTIFICATION OF A PUBLIC EVENT**

This form should be completed with reference to the Department of Health Guidelines to concerts, events and organised gatherings

## Shire Event Assistance

**PROMOTION:** Unless otherwise advised your event will be listed on the Shire web calendar & shared through our contacts.

EQUIPMENT: Please complete a works request if there are items that you would like to borrow / hire.

## Part A

INFORMATION REQUIRED		YOU	IR RESPONSE			
EVENT NAME:						
PURPOSE: (Community, Commercial, Fundraising)						
ORGANISATION / GROUP:						
INSURANCE: *you must have Public Liability Insurance						
CONTACT PERSON: (Event Organiser – 18+)						
TELEPHONE (DAY):						
EMAIL ADDRESS:						
DATE / TIME:						
VENUE:						
Shire Venues: have you completed a booking form?						
Other Venues: do you have the owner's permission?						
<b>Signed (Event Organiser)</b> I confirm that I have referred to the Guidelines for Public Events.	*By entering your name you acknowledge you are responsible for this notification.					
Date:						
OFFICE USE ONLY	1					
Event Classification (as per attached):		File Refs:				
The above event is APPROVED subject to compliance with the Health (Public Buildings) Regs.	Officer:		Date:			
The above event requires PART B (reverse) to be completed.	Officer:		Date:			
Chief Executive Officer			Date:			
Low risk events require Part A only to be con	npleted, to ascer	tain the risk fo	actor of your ev	ent please call the		

Shire's CDO on 96291101 so that an assessment can be undertaken over the phone.

INFORMATION REQUIRED				ESPONSE			
ACCESSIBILITY:					Please ensure ease og and promote clearly.	access to your venue	
ACTIVITIES (please list):					Suppliers should prov public liability insurar	•	
ALCOHOL:	□ <sub>N/A</sub>	□ Bar Sales	☐ Tastings	□вуо	Please ensure that yo should you be providi		
	□ I understand that alcohol is prohibited outside of licensed areas.				Alcohol consumed outside of licensed areas constitutes as street drinking and infringements may apply.		
APRA (music licence):					Your entertainer/s m licence.	ay provide their own	
ATTENDANCE EXPECTED:					If in a public building this cannot exceed the 'maximum accommodation' number.		
ELECTRICAL ITEMS (please list):					All items must be tagged. Please ensure that cables / connections aren't hazards.		
ENTERTAINMENT:					Suppliers should provide you with their public liability insurance.		
FIRST AID:					If you do not have a first aider or first aid post please advise your 'plan'.		
FOOD:		No		Yes	/ stalls be providing /		
NOISE:					advising the neighbou		
PARKING:					If your venue does no parking please advise		
POLICE (advised):		No		Yes	<i>If you are serving alco</i> <i>Police of the event.</i>	ohol please advise	
RISK MANAGEMENT PLAN (attached):		No		Yes	Please consider the li Guidelines.	st of items in the	
SECURITY / CROWD CONTROL:		No		Yes	This can be a requirement of some event approvals.		
SHELTER / LIGHTING:		ОК		Hired	Consider the requirement for shade, shelter and / or lighting.		
SITE PLAN (attached):		No		Yes	Please consider the list of items in the Guidelines.		
TEMPORARY STRUCTURES (list types):							
TOILETS:		ОК		Hired	Please consider the requirements in the Guidelines.		
TRAFFIC MANAGEMENT (attached):		No		Yes	Remember this process, if required, can take up to four months.		
WASTE REMOVAL:		ОК		Hired	Please include recycling facilities where possible.		
WATER:		ок		Supp- lied	Potable water should event.	be available at your	
OTHER COMMENTS:							
<b>Signed (Event Organiser)</b> I confirm that I have referred to the Guidelines for Public Events.	*By entering your name you acknowledge you are responsible for this notification.						
Date:							
OFFICE USE ONLY							
The above event (PART A & B COMPLETE) is APPROVED subject to compliance with the Health (Public Buildings) Regs. 1992.	Officer:				Date:		
Chief Executive Officer					Date:		
The above event (PART A & B COMPLETE) will be the subject of a report to Council.	Officer:				Date:		
The above event is REFUSED.	Officer:				Date:		