



SHIRE OF GOOMALLING

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NOTIFICATION OF A PUBLIC EVENT

This form should be completed with reference to the Shire of Goomalling Guidelines for Public Events (supplied with this document)

Shire Event Assistance

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

EQUIPMENT: Please complete and attach a Furniture & Equipment Hire Form if there are items that you would like to borrow / hire.

Part A

INFORMATION REQUIRED	YOUR 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?	
Signed (Event Organiser) I confirm that I have referred to the Guidelines for Public Events.	<i>*By entering your name you acknowledge you are responsible for this notification.</i>
Date:	

Office Use Only: - File

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 completed, to ascertain the risk factor of your event please call the Shire's CDO on 96291101 so that an assessment can be undertaken over the phone.

Part B

INFORMATION REQUIRED		YOUR RESPONSE			
ACCESSIBILITY:		<i>Please ensure ease of access to your venue and promote clearly.</i>			
ACTIVITIES (please list):		<i>Suppliers should provide you with their public liability insurance.</i>			
ALCOHOL:	<input type="checkbox"/> N/A <input type="checkbox"/> Bar Sales <input type="checkbox"/> Tastings <input type="checkbox"/> BYO	<i>Please ensure that you apply for a licence should you be providing / selling alcohol.</i>			
	<input type="checkbox"/> I understand that alcohol is prohibited outside of licensed areas.	<i>Alcohol consumed outside of licensed areas constitutes as street drinking and infringements may apply.</i>			
APRA (music licence):		<i>Your entertainer/s may provide their own licence.</i>			
ATTENDANCE EXPECTED:		<i>If in a public building this cannot exceed the 'maximum accommodation' number.</i>			
ELECTRICAL ITEMS (please list):		<i>All items must be tagged. Please ensure that cables / connections aren't hazards.</i>			
ENTERTAINMENT:		<i>Suppliers should provide you with their public liability insurance.</i>			
FIRST AID:		<i>If you do not have a first aider or first aid post please advise your 'plan'.</i>			
FOOD:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>Please ensure you have approval should you / stalls be providing / selling food.</i>			
NOISE:		<i>If your event might be noisy please consider advising the neighbours.</i>			
PARKING:		<i>If your venue does not have sufficient parking please advise of your plan.</i>			
POLICE (advised):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>If you are serving alcohol please advise Police of the event.</i>			
RISK MANAGEMENT PLAN (attached):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>Please consider the list of items in the Guidelines.</i>			
SECURITY / CROWD CONTROL:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>This can be a requirement of some event approvals.</i>			
SHELTER / LIGHTING:	<input type="checkbox"/> OK <input type="checkbox"/> Hired	<i>Consider the requirement for shade, shelter and / or lighting.</i>			
SITE PLAN (attached):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>Please consider the list of items in the Guidelines.</i>			
TEMPORARY STRUCTURES (list types):					
TOILETS:	<input type="checkbox"/> OK <input type="checkbox"/> Hired	<i>Please consider the requirements in the Guidelines.</i>			
TRAFFIC MANAGEMENT (attached):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>Remember this process, if required, can take up to four months.</i>			
WASTE REMOVAL:	<input type="checkbox"/> OK <input type="checkbox"/> Hired	<i>Please include recycling facilities where possible.</i>			
WATER:	<input type="checkbox"/> OK <input type="checkbox"/> Supp- lied	<i>Potable water should be available at your event.</i>			
OTHER COMMENTS:					
Signed (Event Organiser) I confirm that I have referred to the Guidelines for Public Events.	<i>*By entering your name you acknowledge you are responsible for this notification.</i>				
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:		