

Please return 90 days in advance of your event, marked to the attention of:
 Events Liaison Officer at council@shoalhaven.nsw.gov.au or PO Box 42, Nowra, NSW, Australia, 2541

Event Name:	Is this a pre-approved event? Yes <input type="checkbox"/> No <input type="checkbox"/>
Event Location:	If Yes, please clearly state in the Event Details (Section 2 of this form) what has changed and provide relevant attachments.
Event Address:	Has Council (Development Services Section ph. 4429 3486) reviewed your event to ascertain if your activity requires a Development Application? Yes <input type="checkbox"/> No <input type="checkbox"/>
Event Day/s & Date:	
Set Up Date: Pull Down Date:	

1 Applicant Details

Name of Event Organiser:

Organisation: ABN:

Address:

Suburb: Postcode:

Daytime phone: Mobile:

Email: Website:

Is this organisation a registered charity? Yes No If yes, please quote registered charity number

I declare that all the information in the application is to the best of my knowledge, true and correct.
 I also understand that if the information is incomplete, processing of the application may be delayed or more information may be requested.

Signature of Event Manager: Date:

2 Event Details

Set up Start Time:	Number of Staff/ Volunteers
Set Up Finish Time:	Is this event:
Pull Down Start Time:	<input type="checkbox"/> Community (Free)
Pull Down Finish Time:	<input type="checkbox"/> Commercial (for Profit)
Daily Event Start Time:	<input type="checkbox"/> Other
Daily Event Finish Time:	Is this an annual event? Yes <input type="checkbox"/> No <input type="checkbox"/>
Estimated Daily Attendance:	If Yes, please quote next year's proposed date/s and location:
Target Audience:	
Aim of Event:	

Privacy Notification: The information on this form is being collected by Council for administrative and assessment purposes. It will be used by Council staff and other organisations for the purpose mentioned and may be included on a public register. Personal information contained on this form will be displayed on Council's website as required by the GIPA Act 2009. Persons identified on this form may at any time, apply to Council for access or amendment of the information.

This form may be displayed on Council's website in accordance with Government Information (Public Access) Act 2009

OFFICE USE ONLY

Form Number: 862	Issue Date: 06/2018
Version Number 5	Next Review date: 12/2020



2 Event Details Cont'd

If public land (such as car parks, public roads, showgrounds, halls, beaches etc) other than the event address included at the start of this application form is required for the event please include details below

Address:

Set up Start Time: Set Up Finish Time:

Pull Down Start Time: Pull Down Finish Time:

Address:

Set up Start Time: Set Up Finish Time:

Pull Down Start Time: Pull Down Finish Time:

Address:

Set up Start Time: Set Up Finish Time:

Pull Down Start Time: Pull Down Finish Time:

Address:

Set up Start Time: Set Up Finish Time:

Pull Down Start Time: Pull Down Finish Time:

3 Event Site Plan

Please attach a site plan (to scale) of your entire event, clearly indicating (where applicable):

- | | | |
|--|---|---|
| <input type="checkbox"/> Entry/ Exit Points | <input type="checkbox"/> Food & Drink Counters (incl. alcohol sales where applicable) | <input type="checkbox"/> Wide Entry/ Exit Points for Accessibility Guests |
| <input type="checkbox"/> Food & Drink Counters for Accessibility Guests | <input type="checkbox"/> Emergency Evacuation Points | <input type="checkbox"/> Stallholder Locations |
| <input type="checkbox"/> Emergency Vehicle Entry/ Exit Points | <input type="checkbox"/> Marquees & Other Temporary Structures | <input type="checkbox"/> Internal Pedestrian Flow Paths |
| <input type="checkbox"/> Additional Lighting/ PA or Other Sound Systems | <input type="checkbox"/> Designated Parking Areas | <input type="checkbox"/> Additional Bins/ Waste Management Measures |
| <input type="checkbox"/> Parking Areas for Accessibility Guests | <input type="checkbox"/> Toilets | <input type="checkbox"/> Traffic Management Measures |
| <input type="checkbox"/> Toilets for Accessibility Guests | <input type="checkbox"/> First Aid Stations | <input type="checkbox"/> Amusement Rides |
| <input type="checkbox"/> Designated Viewing Areas for Accessibility Guests | <input type="checkbox"/> Fireworks/ Pyrotechnics | <input type="checkbox"/> Security Personnel Locations |
| <input type="checkbox"/> Barricades/ Temporary Fencing | <input type="checkbox"/> Location of Activities | <input type="checkbox"/> Stage/Platform size: m ² |
| | <input type="checkbox"/> Other Infrastructure | |

4 Event insurance

Insurance Company (must be APRA approved):

Insurance Policy No.: Expiry Date:

Please attach a **current copy** of your APRA Approved Insurance Certificate of Currency for Public Liability to the amount of a minimum of \$20million, with the following sentence included: "Shoalhaven City Council and the Minister administering the Crown Lands Act are noted as interested parties for their respective rights and interests". Note: this will only require a phone call to your insurance company and they will be able to email the amended Certificate directly to you.

5 Public Safety Information

Police

Have the Police been notified of the event? Yes No

If Yes, please provide the following:

A copy of the Police notification: Name of Officer Notified:

If No, please advise why Police notification is not required:

Security

Will there be security personnel at the event? Yes No

If Yes, how will they be identified?:

If No, please advise why security personnel are not required:

Risk Assessment

Have you undertaken a Risk Assessment of your event? Yes No

Have you undertaken the Crowded Places Self Assessment? Visit www.nationalsecurity.gov.au Yes No

Fireworks/ Pyrotechnics

Will there be fireworks at the event? Yes No

If Yes, please provide the following:

Company: Start Time: Finish Time:

Please attach a current copy of the company's

- WorkCover certificate,
- public liability insurance
- risk assessment for the use of fireworks at the event, and
- Fireworks site plan clearly indicating exclusion zones.

Amusement Rides

Will there be amusement rides at the event? Yes No

If Yes, please provide the following:

Company: Start Time: Finish Time:

Please confirm that you have sighted the Amusement Device Operator's current WorkCover certificate, public liability insurance (including the exact name of each of the rides that will be provided at your event) and Council Permit. Yes No

Medical Assistance

Will there be medical/ ambulance assistance at the event? Yes No

If Yes, please confirm that you have sighted the certification of the medical/ ambulance assistance. Yes No

Animals

Will there be live animals at the event? Yes No

If Yes, please confirm that you have sighted the provider's current WorkCover certificate and public liability insurance. Yes No

Communication / Stakeholder Notification

Have residents and businesses in the immediate vicinity been notified (in writing) of your event? Yes No

6 Event Stallholders

Number of Stalls: Will you be serving alcohol at your event? Yes No

If Yes, please provide Liquor Licence No.:

Types of Stalls:

Please confirm that you have sighted relevant insurance details of all Food Vendors and Stallholders. Food Vendors are required to hold a Temporary Food Licence issued by Council. Yes No

7 Event Operations

Traffic

Will your event impact on or create:

Public roads: Yes No

Existing Parking: Yes No

Road Closures: Yes No

Pedestrian Traffic: Yes No

If Yes (to any of the above), please prepare and attach a Traffic Management Plan (TMP) for your event. The requirements of a TMP are included in the [Event Policy](#).

Waste

Number of bins on site: Number of Bins Required: General Waste Recycle

If the number of bins required is greater than the number of bins on site please prepare and attach a Waste Management Plan (WMP) for your event. The requirements of a WMP are included in the [Event Policy](#).

Toilets

Number of Toilets on site (including toilets for accessibility guests):

Number of Toilets Required (including toilets for accessibility guests):

Toilet requirements are included in the [Event Policy](#) If the number of toilets required is greater than the number of toilets on site you are required to provide the additional toilets for your event.

Noise & Lighting

Will you require Council Power and/or Lighting?: Yes No

Please specify locations of power and/ or lighting on the event site:

Will P.A. systems or amplified music be operating during the event? Yes No

If Yes, please specify times and source of noise at locations shown on site plan:

8 Disability Inclusion and Accessibility

Consideration must be given to disability inclusion and accessibility, as per the NSW Family & Community Services Disability Inclusion Plan 2015. In the case of a community event an “accessibility guest” includes: a person with mobility needs (eg. wheelchair user), a person with sensory considerations, older people, a person with a temporary injury or illness and parents with prams.

To supplement the information shown on your site plan, please attach written evidence to show how you have addressed the following in the context of your event.

- various forms of accessible communication including up to date access information, signage and websites that comply with the International Web Content Accessibility Guidelines 2.0;
- public and/or private transport options to and from your event (door to door accessibility);
- safety considerations/ risk management for accessibility guests, including controlling of crowd numbers, security, evacuation procedures and guide dogs;
- holistic sensory considerations; and,
- staff/ volunteer disability awareness training.

9 Event Sustainability

Council encourages the consideration and implementation of sustainability measures that can reduce the environmental impact of your event. Please prepare and attach a Sustainable Event Management Plan for your event. Further information (including a Sustainable Event Management Plan template) is included in the [Event Policy](#).

10 Council’s Calendar of Events

Shoalhaven Tourism has an events calendar where you can list your event for free. Visit www.shoalhaven.com/events/add

11 What happens from here?

Please return 90 days in advance of your event, marked to the attention of:
Events Liaison Officer at council@shoalhaven.nsw.gov.au or PO Box 42, Nowra, NSW, Australia, 2541

Your completed application will be considered by Council and a member of the Events Liaison Team will be in touch with you soon.