

REQUEST FOR PROVISION OF FIRST AID / AMBULANCE COVER

Your Details	Name	Organisation
	Address	
	Company Reg No:	Charity Reg No:
	Daytime telephone number	
	Evening telephone number	
	Mobile telephone number	
	Fax number	
	Email address	

Event Details	Dates of event		
	Cover to begin at	Cover to end at	
	Location of event		
	What activities will the event involve		
	Will the event contain any activity involving a motor vehicle, helicopter display or other hazardous activity	Yes	No
	Expected number of Participants	Spectators	
	Has the event been held before?	Yes	No
	If yes, please give information on the type of incidents that occurred		
	Is a Public Entertainment Licence required?	Yes	No

Cover requested <i>Please state quantity required</i>	Ambulance (suitable for road use) with crew
	Ambulance (suitable for off road use) with crew
	Ambulance Car
	Cycle Responder
	First aid post
	First aiders

Other services involved	NHS Ambulance service		
	Security company		
	Doctor		
	Other		

Catering facilities	Water available on site	Yes	No
	What refreshments will be provided for St John volunteers		

This form must be submitted at least six weeks before cover is required
This does not constitute any agreement to undertake provision of first aid or ambulance cover for the event

Duty tracking details	Date received by Ops Team			
	Duty Officer		Accepted?	
	Offered to:	1	Yes	No
		2	Yes	No
		3	Yes	No
	Paperwork sent to HCC			
	Customer informed of quote – CABS number			
	Duty covered?			
	Paperwork sent to HCC for invoicing			

Duty refusal code	A	B	C	D	E	F	G	H
	Other reason:							

Notes	
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