

## St John Ambulance Booking Form



On site contact name:	
Event venue address:	
Main site telephone number:	
On site contacts telephone number:	
<b>Please can you provide a site map of the venue with this booking form, as this is necessary for our risk assessment.</b>	

### Event Information

Event name:	
Event date(s):	
Event start time:	
Event finish time:	
Time St John required on site	
Time St John required off site	
Event type: <i>e.g. commercial, community, charity</i>	
Nature of event: <i>e.g. football tournament, fireworks display, fair etc</i>	
Type of venue: <i>e.g. Indoor, stadium, park, streets etc</i>	
Spectator accommodation: <i>e.g. standing, seated, mixed</i>	
Type of people attending event: <i>e.g. family groups, teenagers /young adults ,the elderly</i>	
Have you run this event before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes was St John Ambulance Berkshire your medical provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Expected total attendance (per day)	
Expected maximum number of people on site at any one time	
Will people have to queue at or outside of the event? If yes, please state for how long for?	
Please list ALL activities that spectators and/or participants at the event may be involved in:  If this is a sporting event please state how many events will be taking place at any one time and how many pitches/arenas.	

**Medical Cover**

St John Ambulance is able to provide a variety of Medical Cover Services that are tailored to meet the needs of the event. The medical cover that is necessary to ensure that your event runs safely is assessed using the information provided on this form.

This section deals principally with establishing what facilities are available on site for use by our medical team and what medical cover you would like at the event.

<b>Emergency Plans and Procedures</b>	
Are any of the emergency services on site? e.g. Police, Fire and Rescue, Ambulance Service Please give the on site contact details	
Do you have on site marshals or stewards?	
Is your event governed by a Safety Certificate or National Body requirements? Please give details	
<b><u>We will require a copy of your risk assessment before we can confirm attendance at your event. If you have not completed a risk assessment you can find examples at <a href="http://www.hse.gov.uk/risk/fivesteps.htm">http://www.hse.gov.uk/risk/fivesteps.htm</a></u></b>	

<b>Available Facilities</b>	
<b>First Aid Room/Tent</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please note that where a treatment room is required, if you are unable to provide adequate space you will be charged to use our facilities.</i>	
<b>Telephone</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please specify if phone is a mobile or landline.</i>	Telephone Number:
<b>Running water</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please specify if water supply is suitable for drinking</i>	
<b>Toilets</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please specify if dedicated disabled toilets exist</i>	
<b>Electricity</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please specify 240V or 110V and maximum available continuous power</i>	
<b>Refreshments and Meals</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please note for duties over 5 hours; refreshments will need to be provided or a £10 per person will be applied.</i>	

**Contact information**

Organisation		(Invoice details if different)
Contact name		
Address		
Main telephone no.		
Fax number		
E-mail address		