**Event Booking Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Booking Contact’s Information** | | | | | | | | | | | | | | | | | | |
| **Title** | | |  | | | **First Name** | | | |  | | | | | **Surname** | | |  |
| **Job Title** | | |  | | | | | | | | | | | | | | | |
| **Company / Organisation Name** | | | | | | |  | | | | | | | | | | | |
| **Address**  **Postcode** | | |  | | | | | | | | | | | | | | | |
| **Telephone Number** | | |  | | | | | | | **Mobile Number** | | | | | |  | | |
| **Email Address** | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Event Information**  **For further guidance, please see Chapter 5 - Medical**  **The Purple Guide to Health, Safety and Welfare at Outdoor Events** [**www.thepurpleguide.co.uk**](http://www.thepurpleguide.co.uk) | | | | | | | | | | | | | | | | | | |
| **Title** |  | | | | | | | | | | | | | | | | | |
| **Date(s) of Event** |  | | | | | | | | | | | | **Times:** | | | |  | |
| **Event Location** |  | | | | | | | | | | | | | | | | | |
| **Parking Location** | |  | | | | | | | | | | | | | | | | |
| **What3Words for Location** | | | | |  | | | | | | | | | | | | | |
| **Contact at event and telephone number** | | | | | | | | |  | | | | | | | | | |
| **How many first aid personnel do you require** | | | | | | | | | | |  | | | | | | | |
| **Do you require an ambulance provision? If so, how many?** | | | | | | | | | | | | | |  | | | | |
| **Lead medical provider** | | | |  | | | | | | | | | | | | | | |
| **Other medical resources attending:** | | | | | | | | | | | | | | | | | | |
| **Invoice Details:** | | | | | | | | | | | | | | | | | | |
| **Purchase Order Number** (if required) | | | | | | | |  | | | | | | | | | | |
| **Contact Details for Your Invoice** | | | | | | **Name** | | | | | |  | | | | | | |
| **Email Address** | | | | | |  | | | | | | |
| Please note, all our prices are subject to VAT at the current rate. Payment information is detailed on your invoice. | | | | | | | | | | | | | | | | | | |

**Please sign to confirm you agree with our terms and conditions on the next page and to authorise your booking. Event contact details will be given to the Passion First Aid personnel who will be attending.**

|  |  |
| --- | --- |
| **Signed:** | **Date:** |

**Please note that you may have to refer to The Green Guide, Guide to Safety at Sports Grounds, if your event is taking place in a sports ground, or stadium.**

|  |  |
| --- | --- |
| **About your event** | |
| **Numbers of people attending (Including staff, spectators, public, audience, staff and contractors:** |  |
| **Activities and specific hazards on site, and audience profile:** |  |
| **Overnight camping:** |  |
| **Environmental conditions:** |  |
| **Previous event casualty numbers:** |  |
| **Event command and control structure** |  |

**Facilities and Resources – To be provide by you, or us at an additional cost**

**Please mark as yes if you are providing, or no if you require us to provide**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Please mark below, as appropriate** | | | |
| Tent with cleanable floor | Yes |  | No |  |
| Marquee with cleanable floor | Yes |  | No |  |
| Other temporary structure (Please describe) | Yes |  | No |  |
| Has easy access for wheelchairs and stretchers | Yes |  | No |  |
| Has running hot and cold water | Yes |  | No |  |
| Has good access for vehicles (Particularly ambulances) | Yes |  | No |  |
| Has dedicated toilets for medical staff and patients | Yes |  | No |  |
| Heating and / or cooling | Yes |  | No |  |
| Lighting | Yes |  | No |  |
| Partitioned treatment areas for privacy during treatment | Yes |  | No |  |
| Electricity supply | Yes |  | No |  |
| First aid signage | Yes |  | No |  |
| Site maps with grids | Yes |  | No |  |

**Confirm the following, in relation to the location of first aid point(s)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Easy pedestrian access | Yes |  | No |  |
| Vehicle access and egress routes | Yes |  | No |  |
| God ground conditions at and around location | Yes |  | No |  |
| Good location, in relation to camping, entertainment and production areas | Yes |  | No |  |

**First Aid Resources Recommended by the Purple Guide to Health, Safety and Welfare at Outdoor Events**

Your planning should consider the recommendations within The Purple Guide. It is not a directive; however, you may be required to justify your decision to have fewer medical resources, in any cases of litigation, against you.

Passion First Aid Ltd, accepts no responsibility, in relation to the number of resources requested by the event organiser.

|  |  |  |
| --- | --- | --- |
| **Tier (with typical attendances)** | **Recommended** | **May be considered** |
| **Tier 1**  **<500** | At some very low-risk events a first aid kit and a person competent in its use  At others, 1-2 responders  Access to a nearby defibrillator | Defibrillator on site |
| **Tier 2**  **500 - 2000** | Clinical Lead – normally HCP  2-4 First responders  Defibrillator | Paramedic  Crewed ambulance |
| **Tier 3**  **2001 – 5000** | Clinical Lead -HCP  2 Paramedics  2 Nurses  4 First responders  Defibrillator | Doctor  Crewed ambulance |
| **Tier 4**  **5001 – 10,000** | Clinical Lead -HCP  Doctor  2 Paramedics  2 Nurses  6 First responders  Crewed ambulance(s)  Defibrillator(s) |  |
| **Tier 5a**  **10,001 – 20,000**              **Tier 5b**  **20,001 – 50,000**            **Tier 5c**  **Over 50,000** | Clinical Lead -HCP  Doctor  2 Paramedics  3 Nurses  8 First responders  Crewed ambulance(s)  Defibrillator(s)    2 Doctors  3 Paramedics  4 Nurses  10 First responders  Crewed ambulances  Defibrillators    3 Doctors  4 Paramedics  6 Nurses  12 First responders  Crewed ambulances  Defibrillators  *Very large events may need more staff, but not necessarily on a pro-rata basis* | Control staff  X-ray facilities  Mental Health facilities          Control staff  X-ray facilities  Mental Health facilities  Other services, eg physiotherapy, emergency dentist |

**Terms and Conditions**

Bookings should be made initially by telephone or email.

Bookings made by telephone will be sent a booking form to complete and return.

On receipt of a completed booking form, we will email you confirming your booking.

An invoice will be sent to the booking contact.  This should be passed onto the person responsible for paying the account.  **Please note: Full payment must be made prior to the date of the event.**

**Cancellations**

If you have to cancel a booking, the following cancellation charges will apply:

* More than 27 days prior to the event commencing no charge will be incurred and a full refund or credit note will be issued.
* 15 to 27 days prior to the event commencing, 50% of the total booking fee will be charged and a refund or credit note for the balance will be issued.
* Less than 15 days prior to the event commencing, the full charge will be incurred, and no refund or credit note will be issued.

**Please note that postponements are deemed as cancellations and the above terms will apply.**

Should your event end earlier than planned, we reserve the right, not to issue any refund, for our resources leaving early. Should your event finish later than planned, we reserve the right, to invoice you subsequently, for the additional time that our resources remained at your event

If payment is not received, prior to the commencement of your event, we reserve the right, not to attend, until payment is made

We may source additional resources, from other providers, to supplement our provision of resources, to ensure that we fulfil your request.

Should you need to change the date of your event, please ensure that at least 3 working days’ notice is given prior to the start date.

We reserve the right to cancel any event provision. In such circumstances you will be given as much notice as possible and the offer of a transfer to another provider, or a full refund of fees paid.

It will be your responsibility, to provide us with a clean, dry, covered area, to enable the treatment of individuals, and access to cold running water. If you are unable to provide us with a clean, dry, covered are, we can provide on at an additional cost.

You are required to complete an appropriate risk assessment, to assess the medical resources, required at your event.

It is your responsibility, to ensure that there is a sufficient medical provision, at your event, we accept no responsibility, should the provision that you have requested from us, is deemed to be insufficient, by any other party.

It Is your responsibility to ensure that we are provided, with radio communications equipment, to enable communication, between us, and you, and / or your event control

**Patient information**

We will provide you with non-identifying information, regarding the details of those we treat, to enable you to report under RIDDOR 2013.

Any additional information, will only be disclosed, subject to written legal request

**Management of first aid resources**

If we are the sole, or lead provider, at your event, we will request the attendance of emergency services directly, to attend your event, so that we can ensure, appropriate care and treatment for any patients, is obtained.

It is your responsibility, to ensure that a safe level of first aid provision, is booked for your event, further to completion of your risk assessment for the event

**Complaints**

Should you have any complaint, please contact Jim Jones, Director, Passion First Aid Limited, on 07811 025169 immediately

We will process your data in accordance with our Privacy Policy, which you can read at [www.passionfirstaid.co.uk](http://www.passionfirstaid.co.uk)

You may withdraw this consent at any time.

**Passion First Aid Ltd, 7 Colethrop Way Hardwicke, Gloucester GL2 4AZ**