

Application for a Temporary Entertainment Event

Local Law No.1 Administration, Subordinate Local Law No.1 (Administration) 2016 Schedule 18

All sections of this form **MUST** be completed and the application submitted to Council in advance of the event, otherwise the application may not be processed and you may not be able to hold your event.

To ensure Council has adequate time to assess, review and process your submission (and relevant licenses) applications must be submitted to Council at least:

- ☐ 6 Months prior for events with less than 5000 people
- ☐ 12 Months prior for events with more than 5000 people

SECTION 1 – APPLICANT DETAILS

Individual <input type="checkbox"/> OR Organisation <input type="checkbox"/>					
If organisation, which type?	<input type="checkbox"/> Registered non for Profit		<input type="checkbox"/> Private/Public Company		
	<input type="checkbox"/> Government Body		<input type="checkbox"/> Other (specify) _____		
Full Name:					
Company: (if applicable)					
Postal Address:					
Locality:		State:		Postcode:	
Phone:					
Email:					
Onsite Contact 1:		Mobile Number:			
Onsite Contact 2:		Mobile Number:			

SECTION 2 – EVENT DETAILS

Event Name:			
Location:			
Lot Number:		Plan Number:	
Start Date:		State Time:	
Finish Date:		Finish Time:	
Set-Up Date:		Set-Up Time:	
Pack Down Date:		Pack Down Time:	

Have you obtained permission from the landowner? ☐ YES ☐ NO

If yes, attach consent letter or provide owner's contact details:

Name:		Phone:	
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For the use of a Council venue, please complete the "Venue Hire Booking Form"

Alcohol will be: <input type="checkbox"/> BYO <input type="checkbox"/> Sold <input type="checkbox"/> Supplied <input type="checkbox"/> Alcohol Free Event
<i>Please note a liquor licence application must be lodged with the Office of Liquor and Gaming Regulation.</i>

SECTION 3 - DESCRIPTION

Briefly describe the event including a schedule of activities: – *Attach an additional sheet if necessary*

Expected No. of patrons:	
Expected No. of workers/volunteers:	
Total No. of people on site on any one day:	
Admission will be: <input type="checkbox"/> Free <input type="checkbox"/> Paid <input type="checkbox"/> Pre-Sold <input type="checkbox"/> Sold at Gate	
Additional Ticket Information – <i>If Required</i>	

SECTION 4 – TARGET AUDIENCE

Patron Age Details: (*Estimate*)

0 – 12 Years: _____ % of total audience	25 – 40 Years: _____ % of total audience
12 – 18 Years: _____ % of total audience	40 – 55 Years: _____ % of total audience
18 – 25 Years: _____ % of total audience	55 Years + : _____ % of total audience

SECTION 5 – ACCESSIBILITY

Is the site accessible for wheelchairs and for people with disabilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you be providing disability access toilets?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you providing disability parking? (<i>indicate parking on your site plan</i>)	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 6 – PUBLIC LIABILITY INSURANCE

Cook Shire Council must be noted as an interested party on the Certificate of Currency.

Public Liability Insurance must be to the value of \$20,000,000

Have you attached a copy of your current certificate of public liability?

☐ YES

☐ NO

If no, what date will a certificate of currency be provided?

SECTION 7 – CONSULTATION

The following emergency services must be notified, in writing, of your event.

Please attach proof of your notification.

	Please provide name and phone number of contact:	Date they were contacted:	How they were contacted:
QLD Police Service			
Dept. of Fire and Emergency Services/ Rural Fire Brigade			
QLD Ambulance Service			
Torres & Cape Hospital and Health Service			
Local Hospital/Clinics			

SECTION 8 – COMMUNICATIONS & COMMUNITY AWARENESS

Do you have a communication plan?

☐ Yes

☐ No

If yes, attach your communication plan & skip to Section 10.

If no, please complete below.

What type of communication equipment/devices will be available during the event?
(e.g., PA systems, satellite phones, signs, screens, variable message sign)

Which staff will be issued with communication equipment/devices?

What call signs/frequencies etc. have been allocated for radios?

Do you have an incident report? ☐ YES - Attach a copy of your incident report ☐ NO

How will you notify local residents of your event? (Attach a copy of your notification)

Please note, residents who live in close proximity to the event venue, should be notified as a priority.

☐ Phone ☐ Email ☐ Letter ☐ Radio
☐ Posters ☐ Letterbox Drop ☐ Social media ☐ Other: _____

When will you notify local residence of your event? (please provide specific dates/timeline)

Will there be a pre and post event briefing with staff and emergency responders?

Post-event briefing must be completed within 4 weeks of the event. Council and emergency responders must be invited.

☐ YES ☐ NO Briefing Dates: _____ & _____

SECTION 9 – FIRST AID AND MEDICAL SERVICES

You are required to complete and return the medical classification tool with this form (see appendix 1).

I have attached the medical classification tool ☐ Yes ☐ No

What is your medical risk score? ☐ Medium* ☐ High* ☐ Extreme*

**Medium, High or Extreme scores will require a medical response plan to be submitted with your emergency management plan? Please consult with QAS in completing your medical response plan.*

First Aid Requirements:

Attendees	First Aid Personnel	First Aid Posts
500	2	1
1,000	4	1
2,000	6	1
5,000	8	2
10,000	8	2

Name of First Aid Provider: _____

Specify the availability of First Aiders during the event:

Start Date/Time: _____ Finish Date/Time: _____

All medical personnel should hold current first aid qualifications from an accredited training provider that comply with the Australian Qualifications Training Framework (AQTF). The qualifications must be appropriate to the (see attached appendix 2).

Please attach a copy of First Aid Officers qualifications.

What First Aid equipment will be on site for the duration of the event?

☐ First Aid supplies (in date)

☐ Automatic External Defibrillator

Other (please specify):

What arrangements have you made with Queensland Ambulance Service for emergency responses and event access? - *Location of ambulance & helicopter site must be identified on the site plan.*

SECTION 10 – EMERGENCY MANAGEMENT PLAN

All applications must be accompanied by an Emergency Management Plan:

It is imperative that you plan for an emergency including how to safely evacuate attendees. Refer to attached template

Have you included an Emergency Management Plan?

☐ YES

SECTION 11 – RISK MANAGEMENT

Your risk assessment must be attached to this application in order for approval.

SECTION 12 – TRAFFIC MANAGEMENT

How do you propose to manage access & egress for this event?

Will the event require temporary road/car park closure?

☐ YES

☐ NO

Will the event have a street march/parade?

☐ YES

☐ NO

If yes, a road closure permit is required.

Will special traffic management/control be required?

☐ YES

☐ NO

A company registered traffic management plan/traffic control may be required. If yes, provide a copy of your Traffic Management Plan

SECTION 13 - TOILETS

As per the Australian Safe and Healthy Mass Gatherings Manual

Toilets required	If no alcohol available	Attendees	Male	Female
		500	1 toilet, 2 urinals, 2 hand basins	6 toilets, 2 hand basins
		1,000	2 toilets, 4 urinals, 4 hand basins	9 toilets, 4 hand basins
		2,000	4 toilets, 8 urinals, 6 hand basins	12 toilets, 6 hand basins
		3,000	6 toilets, 15 urinals, 10 hand basins	18 toilets, 10 hand basins
		5,000	8 toilets, 25 urinals, 17 hand basins	30 toilets, 17 hand basins

At least one unisex disability access toilet is required

Toilets required	If alcohol available	500	3 toilet, 8 urinals, 2 hand basins	13 toilets, 2 hand basins
		1,000	5 toilets, 10 urinals, 4 hand basins	16 toilets, 4 hand basins
		2,000	9 toilets, 15 urinals, 7 hand basins	18 toilets, 7 hand basins
		3,000	10 toilets, 20 urinals, 14 hand basins	22 toilets, 14 hand basins
		5,000	12 toilets, 30 urinals, 20 hand basins	40 toilets, 20 hand basins

Reducing toilet facilities for shorter duration events:

Duration of event	Quantity required
8 hrs plus	100%
6-8hrs	80%
4-6hrs	75%
Less than 4hrs	70%

What is the total number of toilets that will be provided?

Unisex: _____ Male: _____ Female: _____ Disabled: _____

The table above describes the recommended quantity, if you have less toilets available then please explain why?

SECTION 14 – WASTE MANAGEMENT

Will additional bins be provided at the event?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Bins required	Per 100 attendees	1 x 240L – general waste if no food or drinks are served/sold
		2 x 240L – general waste if food or drinks are served/sold
		2 x 240L – recycle bin
	Over 1,000 attendees	1 x 30m front load skip bin

SECTION 15 – CAMPING

Will attendees be able to camp on site? ☐ YES ☐ NO – *please proceed to the next section*

How will the camping area be marked/barricaded to separate it from vehicle traffic?

Will showers be provided at the event? ☐ YES ☐ NO – *please proceed to the next section*

Will showers be heated? ☐ NO ☐ YES – *please provide details of heating equipment below*

As per the Australian Safe and Healthy Mass Gatherings Manual, 1 shower per 100 people must be provided
What is the total number of showers that will be provided at your event?

Unisex: _____ Male: _____ Female: _____ Disabled: _____

Have you attached a camp site plan? ☐ YES ☐ NO

(Include your camp site area on your site plan, including access and egress for emergency vehicles, access and egress for service vehicles, water points and other related facilities)

SECTION 16 - FOOD

Will food be supplied or sold at the event? *(this includes food supplied free of charge)*

☐ Yes - *Please provide a list of all food vendors who will be on site during your event.*

☐ No - *You must provide this list to Council at least 2 months before the event.*

Please note food vendors may require a licence from Cook Shire Council. Contact Cook Shire Council to apply for a Temporary Food Business Licence

Food Vendor Name	Contact Name & Phone	Description of Food

SECTION 17 - WATER

Is the site connected to town water? ☐ Yes ☐ No

If no, what water source will you be using? : _____

Has this water source been tested for potability (safe for drinking)?

☐ YES - *Please attach results*

☐ NO

If NO - What measures will you be taking to ensure people have safe drinking water?

Are all non-drinking water access points adequately signed with approved signage? ☐ Yes ☐ No

If Yes, indicate signage on the site plan

If No, you must provide signage if you have non-drinking access points

SECTION 18 – SECURITY/SAFETY

Are you engaging a security firm at the event? ☐ Yes ☐ No

If no, how do you ensure the security of your patrons, equipment or property?

If yes, company name: _____

No. of personnel: _____ Start time: _____ Finish time: _____

SECTION 19 – SITE BUILDINGS & PLUMBING

Do all existing buildings (*including temporary structures*) on the property have building certificates?

☐ If yes, provide certificates.

☐ If no, provide details of how you will rectify this below:

Do all existing and new plumbing fixtures including onsite wastewater systems, water supply, toilets, sinks, basins, showers, urinals (except portaloos) on the property, have plumbing approvals?

☐ If yes, provide certificates.

☐ If no, you must apply for plumbing approvals.

SECTION 20 – EMERGENCY SERVICES ACCESS & EXITS

Are exit signs illuminated and clearly marked? ☐ Yes ☐ No

Are emergency exits for emergency services accessible and clearly marked? ☐ Yes ☐ No

How will you ensure emergency access is unobstructed at all times?

Have you indicated the location of emergency access, entrance and exits on your site plan?

☐ Yes ☐ No

SECTION 21 - NOISE

☐ Amplified ☐ Acoustic

SECTION 21 - FIREWORKS

Will a fireworks display be conducted at the event?

☐ No, *proceed to next section*

☐ Yes, *please fill out the following details:*

Name of licensed contractor
supplying the fireworks:

Address:

Phone:

Site area/location where the
fireworks will be launched:

Date of fireworks:

Start time: _____

End time: _____

SECTION 22 – AMUSEMENT OPERATIONS

Will there be any amusement rides/inflatables at the event?

☐ No, please proceed to next section.

☐ Yes, please provide details of all rides including copies of the safety certificates. *Please attach.*

DECLARATION

You are providing personal information which will only be used for Council business activity specific to your enquiry, request, or application. Your personal information is managed in accordance with the Information Privacy Act 2009, will only be handled by persons authorised to do so and will not be disseminated unless you have given Council permission to do so, or the disclosure is required by law.

I, _____ declare that the all of the information provided is true and correct.

Signature _____ Date _____

OFFICE USE ONLY

G/L:2050.105.86

Application fee:

Approval Issued:

☐ YES ☐ NO

Date paid:

Receipt number:

Received by:

Signature:

Appendix 1 – Medical Risk Classification Tool

Medical Risk Classification Tool

The primary purpose of this tool is to determine the specific medical risks, the location and medical resources available to the public, and determines the level of medical planning required for an event, and the need for a medical intervention plan for an event.

Please complete this form and return with your application via email at tempevent@cook.qld.gov.au

Category	Grouping	Allocation	Event Scoring
Event Description	Cat 1 – e.g. Classic Music / Children's Concert / Youth Camps	1	
	Cat 2 – e.g. Family Events & Shows / Local Sporting Events / Schoolies	2	
	Cat 3 – e.g. Festivals/ Major Sporting Event	4	
	Cat 4 – e.g. Rock Concert / Extreme Sporting Events	8	
Number of People	<2000	1	
	2001-5000	2	
	5001-10,000	4	
	10,001 - 50,000	8	
	50,001 - 100,000	16	
	>100,000	32	
Type of People Attending	Families	1	
	Fan Clubs / Support Groups	2	
	International Stars / Competitors / Visitors	3	
	VIPs	4	
Age Group	30 - 65 inc. Family	1	
	> 65 / 0 – 12	2	
	12 – 16	3	
	16 – 30	4	
Event location / confinement	Outside – Open Area	1	
	Outside – Confined Area	2	
	Inside – Space	3	
	Inside – Crowded	4	
Available Health Resources <i>NB: Tertiary Health Facilities ONLY exist in Townsville.</i>	Tertiary Hospitals	1	
	Regional / General Hospitals	2	
	Integrated District Health Services	3	
	Small Hospital	4	
	Multi-Purpose Centre	5	

Distance to Local Health Resources	< 10 kms	1	
	10 – 50 kms	2	
	50 – 100 kms	4	
	> 100 kms	8	
Time to Tertiary Health Resources <i>NB: Tertiary health facilities ONLY exist in Townsville</i>	< 30min	1	
	31 – 60 mins	2	
	61 – 90 mins	4	
	91 – 120 mins	8	
	121 – 152 mins	16	
	> 153 mins	32	
Duration of Event	< 1 hour	1	
	2 – 4 hours	2	
	4 – 8 hours	3	
	8 – 12 hours	4	
	12 – 24 hours	5	
Alcohol	None	1	
	Restricted	2	
	Readily available	4	
	No controls	8	
Probability of Drugs	None	1	
	Possible	2	
	Probable	4	
Time of Event	Morning	1	
	Afternoon	2	
	Evening	3	
	All Day	4	
Season of Event	Spring / Autumn	1	
	Summer / Winter	2	
Aggregate Score	Minimum – 13 / Maximum – 120	This Event – _____	

Medical Risk Categories

Based on the 'Event Scoring' column total in the Medical Risk Classification Tool.

Low	< 13
Medium	14 – 49
High	50 – 85
Extreme	86 +

Action for Event Organisers Based on the Medical Risk Score

Planning Required	Level of Risk			
	Low	Medium	High	Extreme
Notify Local QAS of Event	Yes	Yes	Yes	Yes
Notify Local Hospital / Health Care Provider	Yes	Yes	Yes	Yes
Notify Temporary Event Team	No	Yes	Yes	Yes
Minimal Notification Period to all Agencies	4 Weeks	10 Weeks	20 Weeks	28 Weeks
Provision of Transport Arrangement	Yes	Yes	Yes	Yes
Provision of First Aiders	Yes	Yes	Yes	Yes
Provision of First Aid Centres	Yes	Yes	Yes	Yes
Provision of Qualified Paramedics	No	No	Yes	Yes
Provision of Adequately Equipped Medical Centres	No	No	Yes	Yes
Provision of On-Site Medical Teams	No	No	No	Yes
Public Information And Health Notices	No	Yes	Yes	Yes
Medical Plan Required	No	Yes	Yes	Yes
Health Risks Included in Risk Management Plan	Yes	Yes	Yes	Yes

If at any time you require assistance with the completion of the medical risk classification tool, or the health and medical planning requirements, please contact the Temporary Event Team via email at tempevent@cook.qld.gov.au to arrange an appointment time

NB: To determine the overall Health risk for an event the Medical Risk Classification Tool must be completed.

Australian Qualifications Training Framework (AQTF)

This table identifies common terminology used describe medical personnel and outlines various skill levels and competencies by the AQTF.

[illegible]

Appendix 3 – Event Plan Checklists

SITE PLAN - please provide a detailed site plan that includes the location of the following.

<input type="checkbox"/> Emergency access routes	<input type="checkbox"/> Site entrance/exits	<input type="checkbox"/> Muster points	<input type="checkbox"/> Parking
<input type="checkbox"/> Litter facilities	<input type="checkbox"/> Smoking zones	<input type="checkbox"/> Food stalls	<input type="checkbox"/> Licensed areas
<input type="checkbox"/> First Aid Post	<input type="checkbox"/> Information/Registration Centre	<input type="checkbox"/> Camping areas	<input type="checkbox"/> Marquees/temporary structures
<input type="checkbox"/> Stage/Sound Area	<input type="checkbox"/> Amusement rides (if applicable)	<input type="checkbox"/> Lighting towers/generators	<input type="checkbox"/> Security/crowd control post
<input type="checkbox"/> Fireworks launching area	<input type="checkbox"/> Toilet and shower facilities	<input type="checkbox"/> Drinking water access points and Non-drinking water access points	<input type="checkbox"/> Hand sanitiser stations
<input type="checkbox"/> Signage* See section 29 for more information.	<input type="checkbox"/> Firefighting equipment	<input type="checkbox"/> Animal enclosures	<input type="checkbox"/> Any other relevant information

CHECKLIST

<input type="checkbox"/> Site plan
<input type="checkbox"/> Community consultation notification
<input type="checkbox"/> Notification to emergency services and confirmation from emergency services
<input type="checkbox"/> Public Liability Insurance – Certificate of Currency
<input type="checkbox"/> Risk Management Strategy (if applicable)
<input type="checkbox"/> Risk Assessment
<input type="checkbox"/> First Aid Certificate
<input type="checkbox"/> Traffic Management Plan/Parking Strategy and supporting documentation (if applicable)
<input type="checkbox"/> Building Certificate (if applicable)
<input type="checkbox"/> Plumbing approvals/applications (if applicable)
<input type="checkbox"/> Water quality test (if applicable)
<input type="checkbox"/> Food Business Licenses (if applicable)

<input type="checkbox"/> Liquor Licence application <i>(if applicable)</i>
<input type="checkbox"/> Firework display notification and supporting documentation <i>(if applicable)</i>
<input type="checkbox"/> Aquatic event application <i>(if applicable)</i>
<input type="checkbox"/> Safety certificates for all amusement rides <i>(if applicable)</i>
<input type="checkbox"/> Road closure permit <i>(if applicable)</i>
<input type="checkbox"/> Emergency Management Plan
<input type="checkbox"/> Event managements Plan (Operational Plan)