This form is for anyone who wishes to hold an event within the Exeter Valley Parks, managed by DWT. The information provided will help us to assess whether the event can go ahead safely and legally, whether we need to discuss any aspects of the event with you or require further information, and whether we need to provide any additional guidance.

*Please note that charges may apply for some activities, and we may need to refer you to another agency in some cases. We may also discuss with you how to acknowledge DWT.*

**Please attach your Public Liability Certificate, and a Risk Assessment for the event - your application will not be considered until these have been supplied**

**Please provide no less than one month’s notice of the event.**

1. **Event organiser details**

Event Name: ................................................................................................................................................................................................................................................................................................

Organisation applying: ................................................................................................................................................................................................................................................................................................

Charity number (if applicable): ................................................................................................................................................

Name of event organiser on the day (responsible for health and safety, noise control and running): ................................................................................................................................................

Address for correspondence: ................................................................................................................................................................................................................................................................................................................................................................................................................................................

Contact number prior to event: ................................................................................................................................................

Contact number during the event: ................................................................................................................................................

Email address: ................................................................................................................................................

1. **Location of event**

Name of Valley Park: ................................................................................................................................................

Exact location (grid reference or description, and please attach a map) ................................................................................................................................................................................................................................................................................................

1. **Event dates and timings** (please indicate maximum times on site including set up and take down):

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1. **Description** (please provide a summary of the event and include any links including marketing channels):

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How many visitors do you expect to attend?: ...........................................................................................................................................................................................................

What equipment will you bring (summary):

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1. **Waste**

How will the litter and waste produced at the event be managed?: ................................................................................................................................................................................................................................................................................................

What will event visitors be advised regarding toilet facilities?:

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1. **Vehicles and traffic**

Will you require vehicular access to the site? Please indicate where and when you need access and details of any vehicles:

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Please tell us how you plan to manage traffic including parking, and on-road marshalling, where applicable:

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1. **First aid and medical**

Please tell us how you plan to manage medical emergencies and first aid.

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1. **Nature of event** (please indicate any applicable activities and provide details):

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of activity** | **Yes** | **No** | **Details** |
| Commercial |  |  |  |
| Raising funds for lead organisation |  |  |  |
| Raising funds for third party |  |  |  |
| Face-to-face fundraising |  |  |  |
| Sales (trading) |  |  |  |
| Political messages or campaigning |  |  |  |
| Group gathering / social event |  |  |  |

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1. **What’s involved** (please indicate any which apply or may apply):

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Yes** | **No** | **Details** |
| Temporary structures |  |  |  |
| Food, drinks or catering |  |  |  |
| Sale, provision or use of alcohol |  |  |  |
| Live performance and/or speakers |  |  |  |
| Any other licensable activities (eg gambling) |  |  |  |
| Fire or fireworks |  |  |  |
| Live animals |  |  |  |
| Machinery |  |  |  |
| Watercourses |  |  |  |
| Overnight camping |  |  |  |
| Generator |  |  |  |
| Gas or electrics |  |  |  |

1. **Safeguarding**

Please tell us how you have considered and taken steps to safeguard children and others at risk:

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **Checklist**

|  |  |
| --- | --- |
| **Check** | **Yes** |
| I have attached a copy of my organisation’s Public Liability Certificate (minimum of £5 million), |  |
| I have checked my insurance exclusions |  |
| I have attached a copy of the event Risk Assessment |  |
| I have provided at least one month’s notice of the event |  |
| I have completed all of the questions and have answered to the best of my knowledge |  |
| I understand that I may need to provide further information, that I may need to consult or seek permission from other agencies, and that charges and limitations on my activities may be applied |  |
| **Return completed form to your contact at DWT, or to the Valley Parks Officer Chris Moulton cmoulton@devonwildlifetrust.org** |  |

Signed (the organiser): Date:

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1. **Office use only**

|  |  |
| --- | --- |
| Checked by: |  |
| Date: |  |
| Consulted: *(Valley Parks Officer and Health and Safety Officer as minimum)* |  |
| Date(s): |  |
|  |  |
| Permission for event granted by *(Director):* |  |
| Notes: |  |
| Signed: |  |

**One signed copy to be provided to event organiser, one copy to be retained by DWT. *We will contact you as soon as we can but please allow enough time for permission to be confirmed before you publicise your event.***