

Request for Event Health Services Application Form

As the Northern Territory's leading provider in emergency medical response and preparedness, St John NT provides critical support in the planning and implementation of events across the Territory. No matter the size, we are able to assess the situation, and determine the most appropriate level of clinical coverage.

Section A: Acknowledgement

- St John NT is committed to providing a quality Event Health Service to our community, as such we require a minimum of 6 weeks' notice for coverage consideration.
- Prior to completing your request for coverage please indicate that you have read and understood the following conditions, please tick:
 - I acknowledge that the quote provided by St John NT is based on the provision that the information provided by the event organiser is correct and a true delineation of the event nature.
 - I understand the St John NT cannot guarantee that a booking received less than 30 business days prior to an event will be resourced.
 - I understand the St John NT is volunteer based and as such coverage cannot be guaranteed.
 - I understand that it is the responsibility of the event organiser to declare any significant changes to the event to St John NT immediately.
 - I understand that should details change, there may be a change in cost associated and a new quote provided, and that St John NT cannot guarantee the supply of any additional resources that may be required.
 - I understand that St John NT will provide a quote based on industry expertise and internal assessments that may recommend a level of resourcing that differs from the event organisers nominated and/or preferred level of coverage.
 - I understand that should a situation occur which exhausts our normal resources external to the event that St John NT reserves the right to terminate your booking or withdraw resources from your fixture until the emergency has been attended to, with an appropriate reduction in charges applying.

Organisation: _____

Contact Name: _____

Signature: _____

Date: _____

Section B: Organisation Details

Organisation Name: _____

Contact Name: _____ Position: _____

Postal address: _____

Business phone: _____ Mobile: _____

Email address: _____

ABN: _____

St John Ambulance Australia (NT) Inc.

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Invoicing details: _____

Does your organization have First Aiders with current accreditation? Yes No

Will they be onsite for the duration of the event? Yes No

If so, how many? _____

Section C: Event Details

Event Name: _____

Event Coordinator: _____

Coordinator Phone: _____

Event address: _____

Event Date(s): _____

Event start time: _____ Event end time: _____

Times you require St John NT

On Duty: _____ Off Duty: _____

Event Type: _____

(Concert, Festival, Rodeo, Etc.)

Description of Event: _____
(Include event history, _____
anticipated number of _____
participants & spectators, _____
atmosphere, activities at event) _____

Event setting: _____

- Indoor Outdoor Both
- BYO Licensed & Licensed & unlimited
Permitted limited Uncontrolled N/A
- Commercial Not-For-Profit Other: _____

Event Category: _____

Alcohol Availability: _____

Event Category: _____

Is food available on site? Yes No
(If the event is longer than 4 hours or at mealtimes)

Is complimentary food or vouchers available for our volunteers? Yes No

If yes, please specify:
(e.g. lunch, tea/coffee) _____



On site or during event duration, are the following provided or available?

First Aid Room	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vehicle Access	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shaded area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vehicle Parking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Telephone Reception	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Clean drinking water	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Table & chairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accommodation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Power outlet or supply	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Police Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amenities (Toilets)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is Public Liability insurance in place for this event?

If Yes, Insurer: _____ Policy number: _____

Does your insurance specify the minimum level of First Aid coverage? Yes No

If yes, what is required?

Does your event or insurance require St John NT's attendance to continue? Yes No

****Please supply a copy of your Insurance Policy, Certificate of Currency and copies of Internal Risk Assessments conducted****

We request that the following information be attached (if available/applicable):

- Proposed route map
- Tentative site layout
- Schedule/Program
- Wet weather plans
- List of contact numbers (Event Coordinator, Security, other)

Please list any special equipment you require:

(e.g. Buggy (Darwin only), First aid signage, shaded tent structure, tables, chairs, etc.)

Please provide any additional information you believe will assist us:

On receipt of this form and a review of the following Event Matrix a quote will be sent for your review and acceptance. Pricing will vary dependant on assessment of your event, insurance and location. As of 1 July 2024, our pricing structure has changed.



Section D: Event Assessment Matrix

St John NT would like to learn more about your event to enable us to provide you with the best possible coverage. Please complete the following assessment and we will develop a tailored quote based on your event requirements.

Event Assessment Matrix						
Please rate the options that best describes your event						
	1	2	3	4	5	Rating
Event Type	Family / Community Based	Meetings or Tradeshows	Fairs or Fetes	Sporting Event or horse/livestock Riding events	Concerts, Festivals or High Risk Motorsport	
Event Duration	0-3 hours	3-6 hours	6-12 hours	12-18 hours	18-24 hours	
Number of times event occurred	15+	6 - 10	3 - 6	1 - 3	0	
Event History	No incidents	Minor incidents (1 transport per 10,000 attendees)	Moderate incidents (2 transport per 10,000 attendees)	Major incidents (3 transports per 10,000 attendees)	Critical Incidents (4+ transports per 10,000 attendees)	
Anticipated Participants	1 - 49	50 - 199	200 - 499	500 - 999	1,000+	
Anticipated Spectators	1 - 2,499	2,500 - 4,999	5,000 - 9,999	10,000 - 19,999	20,000+	
Attendee Ages	Children (0-10)	Teenager (11-17)	Young Adults (18-29)	Middle aged (30-50)	Elderly (51+)	
Attendee Culture or Atmosphere	Corporate / Calm	Enthusiastic	Excited / Thrilled	Aggressive	Violent	
Alcohol Availability	None	None served, BYO permitted	Served, licensed and limited	Served, licensed and unlimited	Uncontrolled and unlimited	
Illicit Drug potential	None	Low	Medium	High	Very High	
Time and Day	Weekday	Weekday Evening (Sun - Thurs)	Weekend Day	Weekend Evening (Fri - Sat)	Public Holiday	
Distance to hospital	<10km	10-20km	20-50km	50-100km	100km+	

Intensive Care	40+
Paramedic	30-39
Advanced Responder	20-29
First Aid Post	10-19
Event Supplied First Aid	0-9

Guide for completing the Risk Matrix

1. Please assess and score your event against each row
2. If unable to provide a score then note "0" as the rating
3. Calculate the collective total Event Risk Score
4. Match Event Risk Score to the Clinical Level Required

Please email completed form to:

events@stjohnnt.asn.au

For further information please contact : (08)8922 6205