

Request for Public Duty Coverage – Booking Form

We're here for you 



St John Ambulance Australia (NT) Inc. are committed to providing a quality Event Health Service to our community and require a minimum of 15 working days' notice prior to any event. Please complete this form and return via email to events@stjohnnt.asn.au.

For further information please contact (08) 8922 6205.

Organisation Details:

Organisation Name: _____
 Contact Name: _____ Position: _____
 Postal address: _____
 Business phone: _____ Mobile: _____
 Email: _____
 ABN: _____
 Invoicing details: _____

Event Details:

Event Name: _____
 Event Coordinator: _____
 Coordinator Phone: _____
 Exact address: _____
 Type of event: Commercial Not-For-Profit Other
 Event setting: Indoor Outdoor Both
 Nature of event:
e.g Concert

Description of event:
include event history, anticipated number (participants & spectators), atmosphere, activities at event.

Will alcohol be available or sold? BYO Permitted Licensed & limited Licensed & unlimited uncontrolled
 Date(s) of event: _____
 Event start time: _____ Event end time: _____

Times you require St John Ambulance Australia (NT) Inc.

On Duty: _____ Off Duty: _____

If the event is longer than 4 hours, or at mealtime(s), is food available on site? Yes No

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

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

On site, are the following available?

First Aid Room	Yes	No	Vehicle parking	Yes	No
Shaded areas	Yes	No	Clean drinking water	Yes	No
Telephone	Yes	No	Table & chairs	Yes	No
Security	Yes	No	Accommodation	Yes	No

Is Public Liability insurance in place for this event? Yes No

If Yes: Insurer: _____ Policy Number: _____

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

If yes, what is required?:

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:

(eg. buggy, first aid signage, shaded tent structure)

Please provide any additional information you believe will assist us:

Summary of charges:

The below table is a summary of charges and is correct as at 01/12/2019 and are excluding GST. Please note that these charges can change without notice.

Vehicle Type	Personnel	Equipment Charge
First Aid Vehicle <i>(including stretcher)</i>	Volunteer Crew	\$150 per day
Operational Ambulance	Paramedic Crew <i>Note: Paramedic Crew are not Volunteers.</i>	Tailored quote supplied based on your event requirements. - Intensive Care Paramedic \$135 per hour - Paramedic \$110 per hour - Patient Transport \$95 per hour - Vehicle hire \$150 each

Clinical Risk Matrix Assessment - Event Health Services

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Hazard Variable	Very Low	Low	Medium	High	Very High	Rating
	1	2	3	4	5	
Event Information						
Event Type	Family / Community Based	Meetings / Tradeshows	Fairs / Fete	Sporting Event / Events including horses or livestock riding	Concert / Festival / High Risk Motorsport	
Event Duration	0-3 hours	3-6 hours	6-12 hours	12-18 hours	18-24 hours	
Event Planner / Producer	Experienced / organised	Experienced / disorganised	Inexperienced / organised	Inexperienced / unorganised	Inexperienced / unorganised or uncooperative	
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, licenced and limited	Served, licenced 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+	
Calculated Total						

Clinical Level Requirement	
Clinical Level	Total Score
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 Clinical Risk Matrix
1. Please assess and score your event against each row
2. If you are unable to provide any score then note '0' as the rating
3. Calculate the collective total Event Risk Score
4. Match Event Risk Score to the Clinical Level Requirement (using table to left)

Risk Matrix Assessment:

St John Ambulance Australia (NT) Inc. require you to complete the Risk Matrix Assessment to the best of your ability. This assessment, based on your event information you provide below will determine what St John Ambulance Australia (NT) Inc. Clinical Level your event will require. St John Ambulance Australia (NT) Inc. will review the assessment and develop a quote based on that Clinical Level required for your event coverage.

Please refer over page for SJAVNT_015_Clinical Risk Matrix Assessment.

Declaration:

I acknowledge that the quote provided by St John Ambulance Australia (NT) Inc. is based on the provision that the information provided by the event organiser is correct and a true delineation of the event nature. *Initial ()*

I understand the St John Ambulance Australia (NT) Inc. cannot guarantee that a booking received less than 15 business days prior to an event will be resourced. *Initial ()*

I understand that it's the responsibility of the event organiser to declare any significant changes to the event to St John Ambulance Australian (NT) Inc. immediately. *Initial ()*

I understand that should details change, there may be a change in cost associated and a new quote provided, and that St John Ambulance Australia (NT) Inc. cannot guarantee the supply of any additional resources that may be required. *Initial ()*

I understand that St John Ambulance Australia (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. *Initial ()*

I understand that should a situation occur which exhausts our normal resources external to the event that St John Ambulance Australia (NT) Inc. 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. *Initial ()*

Organisation: _____
Contact Name: _____
Signature: _____
Date: _____