

# EVENT RISK ASSESSMENT AND AUTHORISATION FORM

## SECTION A – TO BE COMPLETED BY EVENT MANAGER

<b>Name of Event:</b>			
<b>Name of Club:</b>			
<b>Date of Event:</b>		<b>Event Times (From – To):</b>	
<b>Name of Event Manager:</b>		<b>Event Manager Mobile Contact No.:</b>	
<b>Venue:</b>		<b>Number of Event Staff:</b>	
<b>Purpose of Event:</b>			
<b>Expected Number of Attendees:</b>	Staff:	Students:	Guests/Visitors:
<b>Facilities Provided:</b>	<input type="checkbox"/> Food <input type="checkbox"/> Drinks (non-alcoholic) <input type="checkbox"/> Drinks (alcoholic) <input type="checkbox"/> Music <input type="checkbox"/> Audio/Visual Entertainment <input type="checkbox"/> Other – please specify:		
<b>Details of any extraordinary plans that may cause increased risk at the event (eg jumping castle):</b>			
<b>Declaration:</b>	I have read and understood the Responsible Management and Use of Alcohol Policy and the Management of Alcohol at Events Procedure.		
<b>Signature of Event Manager:</b>			Date:

## SECTION B – TO BE COMPLETED BY CLUBS & SOCIETIES OR FACULTY STAFF

<b>Level of Risk:</b>	<input type="checkbox"/> Low <input type="checkbox"/> Medium* <input type="checkbox"/> High* * Note: Medium and high risk events involving alcohol must be managed in accordance with the Management of Alcohol at Events Procedure.
<b>Declaration</b>	I have assessed the level of risk associated with this event and authorise the event to proceed.
<b>Name of Head of Budget Division or Divisional Delegate:</b>	
<b>Signature:</b>	Date: