

**Cambridge City Council  
Event Safety Advisory Group**



If you are proposing to hold an event which involves a large gathering of people, the Cambridge City Council Event Safety Advisory Group (SAG) would like you to provide basic details of your event by completing this form. This will allow the Council, emergency services (Police, Fire and Ambulance) and Highways to assist with their planning and provide you with advice on a range of issues including safety, street closures and licences required.

**Please complete and return the form as soon as possible to:**

Licensing, Environment and Refuse, Cambridge City Council, PO BOX 700, Cambridge, CB1 0JH

Email [licensing@cambridge.gov.uk](mailto:licensing@cambridge.gov.uk)

Please do not wait until the details of your event are finalised.

**1. The Event Location**

Event Name

Event Date & Time  
(Start)

Event Date & Time  
(End)

Address of event premises/site/venue(s)

Post Town

Post Code

Time and Date of  
Occupation  
(set-up)

Time and Date of  
Occupation  
(Take down)

Event Website Address (If Applicable)

Please state the maximum number of people at any one time that you intend to allow to be present at the premises during the times when you intend to carry on licensable activities.

Members of the public

Members of staff

Performers

Volunteers (if applicable)

Total

Target audience age and range

Please describe the nature of the premises below

Please describe the nature of the event below.

Please state and describe any other relevant details of the event below.

Please provide details of any temporary structures, including size and details of providers below.

Please provide details of insurance cover below including Public Liability/Third party risks and attach a copy of certificate, where available.

**First Aid Provision**

Have you undertaken a medical risk assessment? Yes No

If YES please provide contact details of supplier and number:

**Security/Stewards/Marshalls/Crowd Control**

Are you planning to engage security stewards etc.?

Yes

No

If YES please give details of the company employed and numbers to be deployed.

**Alcohol**

Will alcohol be available on site?

Yes

No

If YES please provide full details.

## 2. The Personal Details of the Event Organiser

Surname

Forename(s)

Your current address (We will use this address to correspond with you unless you complete the separate correspondence box below)

Post Town

Post Code

**Other Contact Details:**

Telephone Number (Daytime)

Telephone Number (Evening)

Mobile Number

Fax Number

E-mail Address

Alternative address for correspondence (If you complete the details below, we will use this address to correspond with you)

Post Town

Post Code

### 3. Event Activities

Please tick the appropriate activities you intend to utilise or permit at the event. The provision of an event time-table would also be helpful. We will expect you to cover these activities in more detail in your risk assessment:

Fireworks/Pyrotechnics

Live Music

Carnival/Procession

Live Entertainment

Fairground Equipment/Rides

Lost Children Point

Aircraft

Barrier/Fencing

Parachutists

Horses/Donkeys/Other Animals

Hot Air Balloons

Re-enactment Groups

Balloon Launch

Living History or Other

Inflatable's (e.g. bouncy castle)

Toilets

Motorcycles

Drinking Water On-Site

Other Motor Vehicles

Food/Drink Concessions

Portable Generator

Bonfire

Power Supply

Barbecue

Portable Staging

Market Stalls

PA System

Camping

On Site Communications

Water Related Activities

Other (Please Specify):

#### 4. Environment

Please state whether any part of the event will take place on land owned by Cambridge City Council.

Yes

No

If YES please provide details of the location.

Please state whether there are any footpaths, bridleways or roads that are normally open to the public affected or used as part of the event?

Please state whether you are proposing to make use of directional signing on the highway to direct the public to the event.

Please state whether or not you anticipate the need for any road closures or traffic diversions.

Please state whether or not you have made any considerations for the restriction or control of parking on the highway in the vicinity of your event?

Please state the amount of allocated parking spaces for the following:

Event Staff:

External Staff:

Public:

Total:

Please state whether any vehicles will be driven across anything other than roads? Yes No

If YES please state what type of vehicles, for what purpose and how many?

Please state whether there will be toilets available on the site/premises. Yes No

If YES please provide details of the facilities, and if applicable any details of providers:



If NO please provide details of a suitable alternative (e.g. existing on-site public toilets).

Please provide any other relevant details of the event, which may be detrimental to the environment and/or surrounding environment of the site/premises.

## 5. Document Checklist

I can confirm that the following documents have been enclosed:

At least one copy of the risk assessment for the above listed event.

At least one copy of the fire safety risk assessment

At least one copy of the site plan for the above listed event.

Details of insurance that will cover the above listed event, employees, public, and value.  
**INCLUDING** all relevant certificates and documentation

Details of medical/first aid cover that will be present at the above listed event.

All details of any company that is providing staff for the event including stewarding, security etc.

Any/all licence details relevant to the above listed event and/or premises.

Any other Management Control Documents.

## 6. Declarations

I confirm that the above details are correct and that I am over 18 years of age. I also confirm that any/all relevant licences have been and/or will be applied for prior to the event.

Name of signatory

Signature

Date