

Risk Assessment Form

COMMUNITY SERVICES
PERFORMING ARTS, EVENTS AND PROTOCOL



IMPORTANT: This form is to be completed by all individuals, organisations or groups applying to participate at a Townsville City Council Event, who do not have their own Public Liability Insurance.

Privacy Statement:

You are providing personal information which will be used for the purpose of processing your application for participation in Council's events.

Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given us permission or the disclosure is required by law.

EVENT DETAILS >>

Name of Event

Date of Event

Location of Event

YOUR DETAILS >>

*Contact Name:

Organisation: (if applicable)

*Mailing Address

Suburb; Postcode:

Phone: (w)..... (h)..... (mob)

*Email: Fax:.....

YOUR INVOLVEMENT DETAILS >>

What is your involvement in the above event? (please circle):

Entertainer/Performer Food Vendor Market Stall Holder Other (please specify)

1. Please describe your activity

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2. What electrical equipment will you be using (if any)?

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3. Has this equipment been Tagged and Tested by a qualified Electrician? **YES** **NO**

4. Does your activity have an element of risk involved? **YES** **NO**

If **Yes**, please describe

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5. Have you ever had a Public Liability Insurance Claim lodged against you? **YES** **NO**

If **Yes** please give details

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6. What measures have you taken to minimise risk to the public and yourself? (i.e. No sharp objects, securing equipment etc)?

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I hereby state that the above information is true and correct to the best of my knowledge.

Signed _____ Date _____

Please return the completed form to:

Events and Protocol Unit
Community Services
Townsville City Council
PO Box 1268
Townsville QLD 4810
Ph: 1300 878 001
Fax: 4727 9066