

## UNE RESIDENTIAL SYSTEM EVENT REGISTRATION FORM

***\*Must be lodged with Campus Services Manager at least 7 days prior to event***

Event and User Details	
Name of Residence:	
Contact Name:	
Contact Phone:	
Email Address:	

User Requirements				
Frequency of Event: <i>(Attach schedule if required)</i>	One Off	Weekly	Monthly	Annual
Date of Event:				
Location:				
Alternate Location:				
Time:	Set-up:	Start:	Finish:	Break-down:
RF on Duty:				
Please list any additional information for this event:				

Facilities Management Services

## UNE RESIDENTIAL SYSTEM EVENT REGISTRATION FORM (cont...)

### CHECKLIST

Checklist		
<i>This section must be completed by the user prior to submitting this form.</i>		
1. Is admission going to be charged to this event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is alcohol going to be served at this event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If so, is the alcohol going to be sold?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the event licensed by a Hotel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If so, have all conditions of the Licence for this event been addressed and adhered to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Indemnity</b> <i>The licence provider must indemnify the University, its members, servants and agents from and against all liability for damages, costs, actions, claims and demands which may be made, sustained, suffered or recovered against it or them by any person for injury to person or property however sustained, when using, leaving, within or near the venue during the period of hire.</i>		
4. Is the venue for the event certified as a <i>Place of Public Entertainment</i> ? (For more information regarding Public Entertainment Venues and for a copy of the relevant conditions please contact FMS on 6773-2065).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If so, have all conditions of the Development Consent for the venue been addressed and adhered to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. I understand that alcoholic drinking games and other activities that promote binge drinking or rapid intoxication are prohibited.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. I understand that as Host of the event I may be held responsible for any negative consequences of excessive drinking.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. I understand that the Head of Residence, or their nominee, will monitor compliance with conditions outlined in this document during the event.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. I understand that I am obliged to call the appropriate emergency service (such as Ambulance) or UNE Safety and Security in the event of any incident which places, or may place, a participant of the event at risk of harm. I understand that private transportation of ill or injured patrons is not the preferred action to be taken.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. I have itemized all social activities, games and celebrations on the risk assessment form and have discussed these with the Head of Residence.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. An incident log book recording all incidents will be maintained at the event. This log book will be an official record of the University and will be handed to the Head of Residence upon completion of the event.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. A UNE Residential System Risk Assessment Form (Appendix A) has been completed for this event.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. A UNE Residential System Request to Serve Alcohol Form (Appendix B) has been completed for this event, if applicable.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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## UNE RESIDENTIAL SYSTEM EVENT REGISTRATION FORM (cont...)

### DECLARATION

I, \_\_\_\_\_ have read and understand the University of New England *Student Alcohol and Other Drug Policy* and confirm this function complies with all sections of said policy. I have included with this Event Notification form a:

- ☐ UNE Residential System Risk Assessment Form
- ☐ UNE Residential System Request to Serve Alcohol Form (if required)
- ☐ Copy of the Licence by a Hotel (if required)
- ☐ Copy of a Development Consent for a Place of Public Entertainment (if required)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

#### Witnessed:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Position: \_\_\_\_\_

#### Approved by Head of Residence or authorised UNE representative:

I, \_\_\_\_\_ hereby authorise the abovementioned, to conduct this event as described.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Approved by Campus Services Manager:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX A

### UNE RESIDENTIAL SYSTEM RISK ASSESSMENT FORM

Hazard Identification	Inherent Risk [Before Controls]	Proposed Control	Residual Risk [After Controls]
Materials handling (including sporting activities).			
Noise exposure.			
Working at heights (> 3 metres)			
Falls by slips, trips, overbalance.			

### APPENDIX A (cont...)

Hazard Identification	Inherent Risk [Before Controls]	Proposed Control	Residual Risk [After Controls]
Mechanical equipment use (i.e. drills, saws, ladders, powered equipment).			
Electricity.			
Compressed air or gas.			
Excess heat and/or cold.			
Alcohol and/or drugs.			

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### APPENDIX A (cont...)

Hazard Identification	Inherent Risk [Before Controls]	Proposed Control	Residual Risk [After Controls]
Event activities, games and celebrations.			
Ultraviolet light.			
Insects, spiders, snakes, dogs.			
Screen based equipment.			
Violence.			

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### APPENDIX A (cont...)

Hazard Identification	Inherent Risk [Before Controls]	Proposed Control	Residual Risk [After Controls]
Psychological.			
Travel to/from event.			

**Risk Assessment Details (to be completed by trained OHS representative):**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX A (cont...)

### RISK ASSESSMENT MATRIX

Consequence	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
<b>1 Insignificant</b>	1 Negligible	2 Negligible	3 Low	4 Low	5 Tolerable
<b>2 Minor</b>	2 Negligible	4 Low	6 Tolerable	8 Tolerable	10 Tolerable
<b>3 Moderate</b>	3 Low	6 Tolerable	9 Tolerable	12 High	15 Extreme
<b>4 Major</b>	4 Tolerable	8 Tolerable	12 Extreme	16 Extreme	20 Extreme
<b>5 Catastrophic</b>	5 High	10 High	15 Extreme	20 Extreme	25 Extreme

For comprehensive information on Risk Management please refer to the UNE Risk Management Policy Guidelines at <http://www.une.edu.au/policies/pdf/riskmanagementguidelines.pdf>.



## APPENDIX B

### UNE RESIDENTIAL SYSTEM REQUEST TO SERVE ALCOHOL FORM

Event Details				
Name of Event:				
Location:				
Date of Event:				
Time:	Set-up:	Start:	Finish:	Break-down:
# Attendees:	Residents:	Affiliates:	Other:	

Service Details		
Drinks to be provided: (Specify type and quantity)	Alcoholic:	Non-alcoholic:
RSA certified persons:	Name:	Position:

## **APPENDIX B (cont...)**

### **DECLARATION**

I, \_\_\_\_\_ have read and understand the University of New England *Student Alcohol and Other Drug Policy* and confirm this function complies with all sections of said Policy.

*Note: Conduct of a function outside of this approval will result in restriction on future approval and may involve disciplinary action.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

#### **Approved by Head of Residence or authorised UNE representative:**

I, \_\_\_\_\_ hereby authorise the abovementioned, to serve alcohol in accordance with the UNE Student Alcohol and Other Drug Policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Approved by Campus Services Manager:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_