

## UNE EVENT REGISTRATION FORM

***\*Must be lodged with the UNE Life Event Administration at least 7 days prior to event for events <100 people and 14 days prior to major events >100 people***

***This form is applicable to a number of diverse groups and as such no all fields may be applicable.***

User Details	
Name of College/Club/School:	
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:
# Attendees:	Students:	Staff:	Affiliates:	Other:
Supervisor/RF on Duty & phone number:				
<b>Description of Event</b>				

Checklist		
This section must be completed by the user prior to submitting this form.		
1. I have read and understand the contents of the NSW Liquor and Gaming 'Liquor Promotions Guidelines' and agree this event will operate strictly to this policy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Will the Head of College/School or management be present? (applicable to college/staff and some club events)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the event BYO alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is alcohol going to be sold or supplied at this event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is admission going to be charged to this event, if yes, does the price of admission include alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is the event licensed by a Hotel licence extension or Limited Licence? (Details of the liquor licence to be included in Appendix B)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. 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
8. 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
9. 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
10. 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
11. I understand that any incident of violence or antisocial behaviour must be reported to UNE Security.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

### UNE RESIDENTIAL SYSTEM RISK ASSESSMENT FORM

Hazard Identification	Inherent Risk [Before Controls]	Proposed Control	Residual Risk [After Controls]
<b>Alcohol.</b>			
<b>Violence.</b>			
<b>Travel to/from event.</b>			
<b>Event activities, games and celebrations.</b> <b>Activities using external providers must be approved by providing 1.) a separate WHS risk assessment and 2) approval from the UNE Insurance Officer</b>			

Noise exposure.			
Working at heights (> 3 metres)			
Falls by slips, trips, overbalance.			
Ultraviolet light.			
Insects, spiders, snakes, dogs.			
Psychological.			
Electricity.			

### Risk Assessment Details

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

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

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

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

### RISK ASSESSMENT MATRIX

**This matrix is for assistance in completing risk assessment only.**

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

## 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 Risk Assessment
- ☐ Copy of the Hotel Licence or Limited Licence (if required)

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

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

### Witnessed:

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

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

### Approved by Head of College/School or authorised UNE representative:

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

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

### Approved in principle by UNE Life Event Administration subject to:

1. Compliance with the UNE Student Alcohol and other Drug Policy.
2. Compliance with the NSW Liquor Act 2007
3. Liquor Promotion Guidelines.
4. Conditions of operation as listed in attachment 1.

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

**Attachment 1**

**EVENT SPECIAL CONDITIONS (UNE LIFE USE ONLY)**

1	
2	
3	
4	
5	
6	
7	
8	