



REQUEST FOR FIRST AID SERVICES

Location: _____ Event Name: _____

Street Address: _____

Suburb: _____ Post Code: _____

Event Date: _____ Start time: _____ Finish time: _____

Event Coordinator: _____ Mobile: _____

Anticipated Crowd: _____ Anticipated Participants: _____

Contact on day of the event: _____ Mobile: _____

Will a donation (tax deductible) be made to RFAV? YES / NO. If yes: \$ _____

Will alcohol be available or sold? YES / NO / UNSURE

Comments about the event: _____

Do you have public liability insurance for this event? YES / NO

Have you used Railway First Aid Volunteers previously? YES / NO

If yes, when? _____

Is equipment available for RFAV use: _____

First Aid is required for: Spectators / Participants / Both

Will a meal be provided? YES / NO. If no, is there a canteen? YES / NO

Are the following services available? Running Water Power & Lighting Toilets

Are First Aid facilities provided YES / NO. If Yes, tick all that apply:

Facilities: Compliant First Aid Room Demountable Room Open Area Room

Enclosed Area Pop up tent

Privacy Screens available: YES / NO Chairs and tables supplied: YES / NO

Other Emergency Services on site: YES / NO. If yes, Police Fire Ambulance

Is clear access provided for Emergency Services? YES / NO

Is a site plan available? YES / NO Is there private security onsite? YES / NO