

**EVENT REFERENCE NO.**

COMMUNITY & NEIGHBOURHOODS SERVICE

EMERGENCY RESILIENCE

# APPLICATION FOR THE USE OF PUBLIC PARKS AND OPEN SPACES

This application **must** be lodged at least **6 weeks** prior to the date of the proposed event to:

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| **Event Management Officer**Emergency Resilience and Events Team | **EMAIL ADDRESS:** fifeevents@fife.gov.uk |

***ALL SECTIONS MUST BE COMPLETED***

**SECTION 1 – EVENT ORGANISER**

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| --- |
| Name of Organisation (if Any) |
| Contact Name |
| Address |
| Postcode | Date of Birth (if under 18) |
| Daytime Phone No | Mobile Phone No |
| Email Address |

**SECTION 2 – EVENT DETAILS**

**Please tick (P) most relevant**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gala/Summer Fayre

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 | Picnic

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 | Music Festival

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| Highland Games

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 | Charity Fundraiser

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 | Street Festival

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| Sports Day

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 | Family Event

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 | Other (please specify below)

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| Title of Event |
| Description of Event *(please explain exactly what is involved: I.e, running times, programme of activity, aim of the event)*  |
| Location Town  |
| Entry Date Time  | Exit Date Time  |
| Event Start Date Time  | Event End DateTime  |
| Expected amount of persons to attend (per day)1 – If over 100 please state approximate numbers and complete **all parts** of this section then proceed to Section 3.

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2 – If under 100 please state approximate numbers and complete ***only Part B and C*** of this section and **then proceed to Section 6 of the form**.

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| Is the event expected to have an impact on the local community and if so, how will you notify local residents and businesses about the event? *(I.e impact on traffic networks, road closures, noise pollution etc)*   |
| Is any noise pollution expected and if so, what measures are being taken to manage noise levels?  |
| **Part A** What provision has been made for crowd control for arriving/during/leaving the event?How many stewards will there be to control the public?

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| **Part B** What arrangements have been made for car-parking and traffic control? |
| **Part C**Have you consulted the emergency services for this event?

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| **YES** |
| **NO** |

What provision has been made for First Aid?  |

**SECTION 3 – EVENT CONTENT/ACTIVITIES**

**Please tick (P) ALL appropriate boxes and enter ALL details in the box overleaf**

|  |  |  |  |  |  |
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| Funfairs

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 | Sale of Alcohol

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 | Amplified Music/PA System

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| Inflatables

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 | Sale of Food (Community Groups)

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 | Trader Stalls

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| Traders - Food

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Gazebos

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 | Street Parade

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Other (Please specify below) | Community

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Fundraising Stalls |
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**If you have ticked any of the above with the exception of Inflatables and Gazebos please see** [**Licences and Permits**](https://www.fife.gov.uk/kb/docs/articles/business2/licences-and-permits-for-business/other-business-licences) **to apply for the relevant licence/permission required otherwise your application will not be progressed further.**

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Please provide date when your application for licence/permit was submitted

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| DETAILS OF EQUIPMENT for All Activities that have been (P) on previous page**NOTE** - For ALL electrical appliances/equipment/machinery/staging utilised during the event. Please ensure that these **hold current PAT testing certification**. This should include type and number of funfair rides and/or inflatables. Details obtained from the supplier. |

**SECTION 4 – CATERING FACILITIES**

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| **YES** |
| **NO** |

Do you intend to provide catering facilities? If yes, please provide a list of caterers (names & addresses) that will be used at this event. NOTE – *Any person or company used for catering must be licensed by a Local Authority.**No alcoholic liquor can be consumed or sold on Public Parks and Open Spaces unless an occasional licence has been obtained from Fife Council (see Fife Events Quick Reference Guide above for further details).* |

**SECTION 5 – GENERAL USE OF PARK OR OPEN SPACE**

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| Will as part of the event, any charges be made to the public entering the Public Park or Open

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| **YES** |
| **NO** |

Space?If yes state: (a) Charge rates(b) For what purpose |
| Will vehicles be entering into a Public Park or Open Space?

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| **YES** |
| **NO** |

If yes state: (a) For what purpose(b) Number and type of vehicles  |
| Are you providing toilets (male/female/disabled)?

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| **YES** |
| **NO** |

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| Do you require any assistance from Fife Council?

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| **YES** |
| **NO** |

If yes please provide details **(Note - We may charge for services**):If No please note **that responsibility lies** with the event organiser to leave site in a clean and tidy manner. |

**SECTION 6 – INSURANCES & SAFETY**

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| **Public Liability Insurance**You must obtain Public Liability Insurance with a minimum indemnity of £5 million for small events with audience capacity of **under 500**, and a minimum indemnity of £10 million for medium / large events with audience capacity of **over 500.****A copy of this certificate must be submitted 42 days prior to your event taking place.****You must also indemnify Fife Council from any third party claims arising from the event.** **Please provide details of:**

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| Insurance Company:  |
| Dates of Cover:  | FROM |  | TO |  |
| Policy Number:   |

**Failure to provide this could result in the event being cancelled.** |

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| **Risk Assessment****You must provide a Risk Assessment for your event, which must be made available 42 days prior to your event taking place.** See Fife Events Quick Reference Guide above for further guidance on this or contact Events Officer. **Failure to provide this could result in the event being cancelled.** |

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| Safety PlanA safety plan is simply a means by which you, as the organiser of the event, have thought of all possible Hazards, which could lead to accidents. You must show that you have assessed the identified risk that these hazards present and the action you will take to eliminate or minimise them. To assist you in compiling your safety plan, the following common hazards have been identified. If other hazards are identified which are not listed below, you should include them in your Risk Assessment. (S*ee Fife Events Quick Reference Guide for further guidance).*It is essential that this section is completed, to allow full approval of your event. |
| NOTE: A Hazard is something that has the potential to cause harm. |
|  A Risk is the likelihood that it will cause harm. |

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| Access / Egress |  | Control of Odours |  |
| Traffic Management  |  | Warning Signs |  |
| Signposting Internal  |  | Information Signs |  |
| Signposting External |  | Emergency Services (contact & access) |  |
| Marquees |  | Fire Fighting Equipment |  |
| Arenas |  | First Aid |  |
| Seating |  | P.A. System |  |
| Staging |  | Communications (internal / external) |  |
| Toilets |  | On site Supervision |  |
| Litter Bins |  | Staff / Volunteer (competency & training) |  |
| Skips |  | Unsafe Practices |  |
| Electric’s |  | Welfare Facilities (i.e. changing rooms, etc) |  |
| Equipment |  | Falling Objects |  |
| Water |  | Danger Areas |  |
| Catering |  | Manual Handling |  |
| Steps  |  | Material Handling Eqpt (e.g. forklift, lorries) |  |
| Storage of Fuel/Gas  |  | Guarding Measures (e.g. hot exhausts, tent pegs) |  |
| Lighting |  | Isolation / Lock off (e.g. generators) |  |
| Changes of Level |  | Stewarding |  |
| Trip Hazards  |  | Crowd Control |  |
| Cables & Pipes |  | Noise Control |  |
| Storage of Goods |  | Site Security / Cash Handling |  |
| Portable Tools |  | Lost Children |  |

*REMEMBER – THINK SAFETY AT ALL TIMES.*

#### NOTES FOR RISK ASSESSMENT

1. Check the above list and tick off every item, which you feel relates to your event.
2. For each of the items above that you have ticked, use the separate sheet (Risk Assessment) to write down how you will be dealing with it to minimise the risk of any accident occurring.
3. Sign the bottom half of the completed sheets and include the date.

**RISK ASSESSMENT**

|  |  |
| --- | --- |
| Hazard |  |
| Control Measure |  |
| Hazard |  |
| Control Measure |  |
| Hazard |  |
| Control Measure |  |

**THIS MUST BE SIGNED AND DATED ON EACH PAGE**

|  |
| --- |
| **ASSESSMENT CARRIED OUT BY** |
| Signature |  |
| Print Name |  |
| Date |  |
| **PERSON RESPONSIBLE FOR OVERALL EVENT SAFETY** |
| Signature |  |
| Print Name |  |
| Date |  |

**RISK ASSESSMENT**

|  |  |
| --- | --- |
| Hazard |  |
| Control Measure |  |
| Hazard |  |
| Control Measure |  |
| Hazard |  |
| Control Measure |  |

**THIS MUST BE SIGNED AND DATED ON EACH PAGE**

|  |
| --- |
| **ASSESSMENT CARRIED OUT BY** |
| Signature |  |
| Print Name |  |
| Date |  |
| **PERSON RESPONSIBLE FOR OVERALL EVENT SAFETY** |
| Signature |  |
| Print Name |  |
| Date |  |

**SECTION 7 - CHECKLIST**

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| --- | --- |
| **Have you completed All Required Sections for Event:** | **TICK (P) as appropriate** |
|  | **YES** | **NO**  | **TO FOLLOW** |
| Section 1 – Event Organiser |  |  |  |
| Section 2 – Event Details  |  |  |  |
| Section 3 – Event Content of Activities  |  |  |  |
| Section 4 – Catering Facilities: * PASS certificate
* Certificate of compliance if street trader
* Gas & Electrical Safety Certificates
* Public Liability Insurance
* Food Hygiene Training Certificates
* Risk Assessments
* **(attach copies of all listed documentation that applies for each vendor)**
 |  |  |  |
| Section 5 – General Use of Park or Open Space  |  |  |  |
| Section 6 – Insurance & Safety – Enclosed Your  |  |  |  |
| * Public Liability Insurance Certificate (copy required)
 |  |  |  |
| * Risk Assessments (please sign and date each page)
 |  |  |  |
| * Gas/Electrical Safety Certificates (If applicable)
 |  |  |  |
| * Safety Plan (complete relevant sections if applicable)
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| * Event Content/Activities
 |  |  |  |
| * Site Plan (if required)
 |  |  |  |
| * Safety Certificates: e.g. Funfair/Inflatables:
* Public Liability Insurance Certificate
* ADIPS/PIPA Inspection Reports
* Risk Assessments
* Electrical Safety Certificates
* **(attach copies of all listed documentation that applies)**
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**SECTION 8 - SIGNATURE**

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| DeclarationI declare that to the best of my knowledge and belief, the information given in this application is correct and no material particulars have been omitted. In the event of inclement weather or other adverse site conditions, consultation should be made with the relevant Area Team Manager, who will make the decision as to whether the event can take place. I agree to comply with all the conditions and requirements detailed in this form. ***PLEASE NOTE - The Tenants will be responsible for reinstatement works and associated costs.  All reinstatement work shall be carried out to a standard acceptable to the Landlords within 2 weeks of the end of the event and if the Tenants fail to do this the Landlords may arrange the reinstatement work and recharge the Tenants for the cost thereof.*** |
| Signature |  |
| Print Name |  |
| Date |  |

**Please note that if you are having an event with food vendors/stall holders you should complete the template at the link below and return the completed template with your application. If you do not return the completed template with your application, it will hold up the process: **

**Please note that if you are having an event with inflatables and/or funfair equipment you should complete the template at the link below and return the completed template with your application. If you do not return the completed template with your application, it will hold up the process: **

**PROPERTY SERVICES**

ELECTRICAL EQUIPMENT REQUIREMENTS

FOR OUTDOOR EVENTS

1. ALL ELECTRICAL EQUIPMENT, INCLUDING EXTENSION LEADS, MUST HAVE RECENTLY BEEN ELECTRICALLY SAFETY TESTED IN LINE WITH IEE RECOMMENDATIONS (BS7671).
2. ALL ELECTRICAL EQUIPMENT, INCLUDING EXTENSION LEADS, MUST BE SUITABLE WITH REGARD TO INDEX RATINGS e.g. WEATHER PROOF ENCLOSURES, CONNECTIONS etc IF REQUIRED.
3. EACH PIECE OF ELECTRICAL EQUIPMENT MUST HAVE SUPPORTIVE EVIDENCE OF TESTING. i.e. TEST IDENTIFICATION AND TEST DATE LABELS MUST BE FITTED.
4. TEST CERTIFICATES FOR ALL EQUIPMENT TO BE USED MUST BE PRODUCED PRIOR TO EACH EVENT.
5. ALL CABLES MUST BE SATISFACTORILY ROUTED AND PROTECTED.

# SUPPLY METHOD

1. IF GENERATORS ARE TO BE USED THEN ADEQUATE EARTHING ARRANGEMENTS MUST BE PROVIDED.
2. SUPPLY GENERATORS MUST INCORPORATE AN ADEQUATE SAFETY CUTOUT DEVICE.