

CCHS PROPOSED EVENT FORM

The purpose of this form is to ensure that events are recorded for Insurance purposes.

- ◆ **Ensure all parts are completed.**
- ◆ **Send this original to CCHS Federal Secretary**
- ◆ **Keep a copy for own records**

Date of submission: CCHS Branch:

Contact Person/s and Phone No's:

Name of proposed Event:

Is this project a "one off" event? or a program?

Time Frame: No. of sessions: Length of sessions:

Start Date:..... End Date:.....

Venue:.....

A copy of the hired venue's Public Liability Insurance has to be exchanged with one from the CCHS Branch organising the event. Please attach copy once available.

Is proposed Event restricted to members only?: Yes No

Are persons being charged for the event? Yes No

Where members are competing in any events, Indemnity forms are to be enforced by each State Branch. (Form to be uniform among the CCHS Branches). Please retain for records in conjunction with this Event.

Where non members are participating in an event a Casual Day Participation form needs to be completed and payment of \$20.00 to be collected. Please forward these forms along with payment to the CCHS Federal Council Office. (Please retain a copy of these forms for your branch records)

First Aid facilities organised: Yes No N/A Why?.....

Safety Representative/s nominated:

Are other organisations involved in this Event? Yes No

If yes, please describe their involvement.....

