



Request for Event Health Services Application Form

As the Northern Territory’s leading provider in emergency medical response and preparedness, St John NT provides critical support in the planning and implementation of events across the Territory. No matter the size, we are able to assess the situation, and determine the most appropriate level of clinical coverage.

St John NT now offers two forms of First Aid coverage at events, Event Health Services and a Community Resilience Package.

A Community Resilience package is suitable for low-risk events, where we help train your team to be prepared for a medical emergency.

Please indicate which type of coverage this application applies to:

- Event Health Services – start this form at section A
- Community Resilience Package – start this form at section B

Section A: Acknowledgement

St John NT is committed to providing a quality Event Health Service to our community, as such we require a minimum of **6 weeks’** notice for coverage consideration.

Prior to completing your request for coverage please indicate that you have read and understood the following conditions, *please tick*:

- I acknowledge that the quote provided by St John NT is based on the provision that the information provided by the event organiser is correct and a true delineation of the event nature.
- I understand the St John NT cannot guarantee that a booking received less than 30 business days prior to an event will be resourced.
- I understand the St John NT is volunteer based and as such coverage cannot be guaranteed.
- I understand that it is the responsibility of the event organiser to declare any significant changes to the event to St John NT immediately.
- I understand that should details change, there may be a change in cost associated and a new quote provided, and that St John NT cannot guarantee the supply of any additional resources that may be required.
- I understand that St John NT will provide a quote based on industry expertise and internal assessments that may recommend a level of resourcing that differs from the event organisers nominated and/or preferred level of coverage.
- I understand that should a situation occur which exhausts our normal resources external to the event that St John NT reserves the right to terminate your booking or withdraw resources from your fixture until the emergency has been attended to, with an appropriate reduction in charges applying.

Organisation: _____

Contact Name: _____

Signature: _____ **Date:** _____





Section B: Organisation Details

Organisation Name: _____
Contact Name: _____ Position: _____
Postal address: _____
Business phone: _____ Mobile: _____
Email: _____
ABN: _____
Invoicing details: _____

Does your organization have First Aiders with current accreditation? Yes No
Will they be onsite for the duration of the event? Yes No
If so, how many? _____

Section C: Event Details

Event Name: _____
Event Coordinator: _____
Coordinator Phone: _____
Event address: _____
Event Date(s): _____
Event start time: _____ Event end time: _____

Times you require St John NT

On Duty: _____ Off Duty: _____
Event Type: _____
(Concert, Festival, Rodeo, Ect)

Description of Event:
(Include event history, anticipated number of participants & spectators, atmosphere, activities at event)

Event setting: Indoor Outdoor Both

Alcohol Availability: BYO Permitted Licensed & limited Licensed & unlimited Uncontrolled N/A

Event Category: Commercial Not-For-Profit Other: _____

Is food available on site? Yes No
(If the event is longer than 4 hours or at mealtimes)

Is complimentary food or vouchers available for our volunteers? Yes No

If yes, please specify:
(e.g. lunch, tea/coffee) _____



On site or during event duration, are the following provided or available?

| | | | | | |
|------------------------|------------------------------|-----------------------------|------------------------|------------------------------|-----------------------------|
| First Aid Room | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vehicle Access | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shaded area | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vehicle Parking | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Telephone Reception | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Clean drinking water | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Security | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Table & chairs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Northern Territory SES | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Power outlet or supply | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Police Service | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amenities (Toilets) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fire Service | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Accommodation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Is Public Liability insurance in place for this event? Yes No

If Yes, Insurer: _____ Policy Number: _____

Does your insurance specify the minimum level of First Aid coverage? Yes No

If yes, what is required?: _____

Does your event or insurance require St John NT's attendance to continue? Yes No

Please supply a copy of your Insurance Policy, Certificate of Currency and copies of Internal Risk Assessments conducted

We request that the following information be attached (if available/applicable):

- Proposed route map
- Tentative site layout
- Schedule/Program
- Wet weather plans
- List of contact numbers (Event Coordinator, Security, other)

Please list any special equipment you require:

(e.g. Buggy (Darwin only), First aid signage, shaded tent structure, tables, chairs, ect.)

Please provide any additional information you believe will assist us:

Summary of charges:

The below table is a summary of charges excluding GST. Please note that these charges can change without notice.

| Service Type | Personnel | Charge | Price |
|--|--|---------------------------|-----------------|
| Volunteer Service | Volunteer Crew | Vehicle & Kit hire (VS) | \$300 Flat Rate |
| Operational Service | <i>(Note: Paramedic Crew are not Volunteers)</i> | Intensive Care Paramedic | \$135 Per Hour |
| | | Paramedic | \$110 Per Hour |
| | | Patient Transport Officer | \$95 Per Hour |
| | | Vehicle & kit Hire (ES) | \$300 Flat Rate |
| <i>(Quote based on event requirements)</i> | | | |

Section D: Event Assessment Matrix

St John NT would like to learn more about your event to enable us to provide you with the best possible coverage option. Please complete the following assessment and we will develop a tailored quote based on your event requirements.

| Event Assessment Matrix | | | | | | |
|---|--------------------------|--|---|---|---|---------------|
| Please rate the options that best describes your event | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | Rating |
| Event Type | Family / Community Based | Meetings or Tradeshows | Fairs or Fetes | Sporting Event or horse/livestock Riding events | Concerts, Festivals or High Risk Motorsport | |
| Event Duration | 0-3 hours | 3-6 hours | 6-12 hours | 12-18 hours | 18-24 hours | |
| Number of times event occurred | 15+ | 6 - 10 | 3 - 6 | 1 - 3 | 0 | |
| Event History | No incidents | Minor incidents (1 transport per 10,000 attendees) | Moderate incidents (2 transport per 10,000 attendees) | Major incidents (3 transports per 10,000 attendees) | Critical Incidents (4+ transports per 10,000 attendees) | |
| Anticipated Participants | 1 - 49 | 50 - 199 | 200 - 499 | 500 - 999 | 1,000+ | |
| Anticipated Spectators | 1 - 2,499 | 2,500 - 4,999 | 5,000 - 9,999 | 10,000 - 19,999 | 20,000+ | |
| Attendee Ages | Children (0-10) | Teenager (11-17) | Young Adults (18-29) | Middle aged (30-50) | Elderly (51+) | |
| Attendee Culture or Atmosphere | Corporate / Calm | Enthusiastic | Excited / Thrilled | Aggressive | Violent | |
| Alcohol Availability | None | None served, BYO permitted | Served, licensed and limited | Served, licensed and unlimited | Uncontrolled and unlimited | |
| Illicit Drug potential | None | Low | Medium | High | Very High | |
| Time and Day | Weekday | Weekday Evening (Sun - Thurs) | Weekend Day | Weekend Evening (Fri - Sat) | Public Holiday | |
| Distance to hospital | <10km | 10-20km | 20-50km | 50-100km | 100km+ | |
| Office Use Only | | | | | | |

Please email completed form to: events@stjohnnt.asn.au

For further information please contact: **(08) 8922 6205**