

EVENT MEDIC – BOOKING (QUOTE REQUEST) FORM

To book a First Aid team for your event **or** obtain a quote, please complete as much information below as you can and email this form to bookings@nswFirstAid.com.au

Event Name:					
This event is: (please tick all that apply)					
<input type="checkbox"/> Motor Racing. Type:	<input type="checkbox"/> Community Fete	<input type="checkbox"/> School Sports. Game:			
<input type="checkbox"/> Political Rally	<input type="checkbox"/> Concert	<input type="checkbox"/> Club Sports. Game:			
<input type="checkbox"/> Business indoor event	<input type="checkbox"/> Educational / Speaker	<input type="checkbox"/> Animal riding. Type:			
<input type="checkbox"/> Motor Static Display	<input type="checkbox"/> Street Markets / Food	<input type="checkbox"/> Carnival/Show			
<input type="checkbox"/> Street March / Parade	<input type="checkbox"/> On-water activity	<input type="checkbox"/> Other:			
Please provide a brief general description of your event:					
To assist us to determine what emergency resources may be required:					
EVENT HISTORY <input type="checkbox"/> This is the first event <input type="checkbox"/> We have run this event before, and <input type="checkbox"/> There have been <u>no</u> medical incidents <input type="checkbox"/> There <u>have</u> been medical incidents <i>(we will contact you for more detail)</i>		ALCOHOL / DRUGS <input type="checkbox"/> Alcohol-free event <input type="checkbox"/> BYO Alcohol <input type="checkbox"/> We are licensed to sell alcohol <input type="checkbox"/> Licensed security will be on site <input type="checkbox"/> Public transport is available <input type="checkbox"/> Illegal drug use is possible <input type="checkbox"/> Pill Testing will be available <input type="checkbox"/> Ambulance will be on site <input type="checkbox"/> Police will be on site <input type="checkbox"/> Security will be on site		THE TARGET AGE GROUP FOR THIS EVENT IS <input type="checkbox"/> Under 18's <input type="checkbox"/> 18 – 30 years <input type="checkbox"/> Over 30 years <input type="checkbox"/> Family event	
FOOD ON SITE <input type="checkbox"/> Will not be available <input type="checkbox"/> Provided by volunteer groups <input type="checkbox"/> Provided by professional caterers		HEALTH & SAFETY <input type="checkbox"/> Free sunscreen will be available <input type="checkbox"/> Free water will be available <input type="checkbox"/> Free personal cooling areas will be available			
If a sanctioned competitive event: (ie: competitors are registered and competing as a member of an organisation)					
Name of sanctioning body:					
Track/course/grounds known as:					
Main gate / entry point street address:					
1. EVENT DETAILS					
Event Owner: Company or Committee Name: Address: Admin phone: Email:					
Venue name: Venue address: CLICK HERE https://what3words.com					
Event Date:		Starts on: / / 23 and ends on: / / 23			
First Aid Times: <i>(What time do you want us to START and when will we FINISH? Medics hours charged will include 30 minute set up and pack up times)</i>		Day 1: Medic Start ____:____ Medic Finish ____:____ Day 2: Medic Start ____:____ Medic Finish ____:____ Day 3: Medic Start ____:____ Medic Finish ____:____ Please note, this is not the EVENT TIMES , this is time you want First Aid attendants at your event which may be different to your event times.			
Approximate # of people:		Participants:		Spectators:	

2. PERSONS RESPONSIBLE FOR CONDUCTING EVENT			
2.1	The nominated person to be in charge of this event <u>on the day</u> :		Name:
			Mobile:
	Contact details prior to the event: (if we need further info)		Mobile:
			Email:
	Contact details during the event: Note: If using commercial UHF radios with <u>private channels</u> , the organiser must provide sufficient radios for each of our staff		Mobile:
			UHF Channel:
2.2	Event employees or event volunteers available to provide emergency assistance		
	Name:	Mobile on the day	Qualification: (Doctor / Nurse / Medic / First Aid)
3. RISK PLANNING			
3.1	The venue has a permanent dedicated medical / First Aid room	Yes / No	
3.2	There is a landline phone available at the venue for emergency use?	Yes / No	
3.3	The venue is within mobile phone coverage	Yes / No	
3.4	The name of the nearest Public Hospital is:		
3.5	This is a road-race event (please attach a map of the course)	Yes / No	
3.6	How many Medics do you want us to provide? (Please consider the size of your event, the number of people and how long it would take a Medic to respond to an incident at any location within the event)		
3.7	If a large or mobile event, do you require: (A fixed location is a treatment area within the event where people can seek treatment. A mobile medic follows a moving event in a vehicle)	<input type="checkbox"/> Fixed location Medic <input type="checkbox"/> Mobile Medic	
3.8	Have you completed a risk assessment ?	Yes / No	
3.9	Will the Risk Assessment be provided to us before the event?	Yes / No	
3.10	An emergency response plan (ERP) has been prepared?	Yes / No	
3.11	Will the ERP be provided to us before the event?	Yes / No	
3.12	Does your ERP address your surge capacity? (Surge capacity is a sudden busy period, increase in participants or activities at one or more locations that will push your facilities to or beyond their limits. This includes sudden illness or injury to multiple casualties)	Yes / No	
3.13	Does your ERP allow for the safe evacuation of people to an appropriate area that does not interfere with arriving emergency services vehicles?	Yes / No	
3.14	Does your event involve live fire entertainment or fireworks?	Yes / No	



4. <u>COMMUNICATIONS ON THE DAY</u>		
4.1		The preferred method of communication on the day between the Person in Charge and Event Medics will be: <input type="checkbox"/> UHF radio Channel: _____ <input type="checkbox"/> Mobile: _____
4.2		The preferred method of communicating with your personnel volunteering for First Aid duty will be: <input type="checkbox"/> UHF radio Channel: _____ <input type="checkbox"/> Mobile: _____
5. <u>OTHER DETAILS</u> (where appropriate)		
5.1		<p>If an Ambulance is required to attend this event, they will be given the following</p> <p><u>SPECIFIC</u> street address:</p> <p>Where this event is held off road, the Ambulance will be told to meet at this</p> <p><u>SPECIFIC</u> location:</p> <p>and meet this person:</p> <p>who will <input type="checkbox"/> GIVE CLEAR VERBAL DIRECTIONS TO THE AMBULANCE DRIVER <input type="checkbox"/> BOARD THE AMBULANCE AND PROVIDE DIRECTIONS <input type="checkbox"/> DRIVE AN ESCORT VEHICLE FOR THE AMBULANCE TO FOLLOW or, <input type="checkbox"/></p>
5.2		<p><input type="checkbox"/> AMBULANCE NSW has been advised of this event, the time, date and location and best means of access. (Ambulance-EventPlanning@health.nsw.gov.au do not call 000)</p> <p>Advised by: _____ Date Advised: _____</p> <hr/> <p><input type="checkbox"/> NSW POLICE have been advised of this event, the time, date and location, best means of access and best means of contact. (contact your local Police station)</p> <p>Advised by: _____ Date Advised: _____</p> <hr/> <p><input type="checkbox"/> THE HOSPITAL AT _____ has been advised of this event, the time and date.</p> <p>Advised by: _____ Date Advised: _____</p> <hr/> <p><input type="checkbox"/> THE LOCAL COUNCIL _____ has been advised of this event, the time and date.</p> <p>Advised by: _____ Date Advised: _____</p>



6. PERSON RESPONSIBLE FOR RECEIVING THIS QUOTE:		
6.1	The nominated person to receive a quote / invoice for Event First Aid services is:	Name:
6.2	Contact details prior to the event:	Phone: Email: Postal Address:
6.3	<p>Explanation of fees and charges:</p> <p>The quote you receive will include the attendance of at least one qualified EMT-Medic, use of all standard First Aid and Trauma treatment supplies, First Aid tent and casualty area, tables, chairs and lighting, staff meals and drinks on a single static event site where a casualty is brought to a First Aid tent for treatment or a casualty is treated within easy and accessible walking distance inside the event boundary.</p> <p>Events over a larger area in which Medics require vehicles to reach a casualty for assessment, treatment or retrieval is referred to as a Mobile Medic and additional charges will be incurred for vehicle use.</p> <p>A Mobile Medic in our road-registered vehicle following a course event on a public road over any distance will incur charges per kilometre travelled in addition to hourly Medic rates. All vehicles are fitted with traffic warning beacons. A sick or injured person requiring transport to any medical facility (doctor or hospital) cannot be transported in our vehicles. We can arrange for an Ambulance response as required.</p> <p>A Medic attending an off-road event requiring response from a First Aid tent to a location that uses an off-road vehicle will incur a daily hire charge for the use of an appropriate off-road vehicle. This charge includes the delivery of that off-road vehicle to the event location.</p> <p>Most events require only a single Medic. Large events covering significant distance, multiple medical treatment locations or difficult terrain may require more. Event locations where a casualty will require transportation to a treatment area within the event will require a minimum of two Medics on site. The number of Medics required at any event can be reduced if the event organiser provides qualified and able-bodied First Aiders with adequate communications to assist the Medic where required.</p> <p>The administration of scheduled drugs, the application of complex splints and immobilisation devices, treatment that requires Medics to deliver intravenous or intramuscular injections, the loss of expensive rescue equipment due to either single-use design, damage or destruction during use or by a casualty being evacuated from the site with equipment attached (and not returned the same day) will incur additional fees. By accepting our quote, you accept that you may be liable for these additional costs. A list of potential costs will be provided on request.</p> <p>Once on site, Medics will remain until released by the person in charge of your event. When planning your event, you can be assured that our staff cannot be called away from your event for any reason.</p> <p>Our staff are qualified & insured professionals experienced in pre-hospital emergency care and our crews are led by an experienced Medic for the duration of the event. We do not supply First Aid volunteers.</p> <p>Quotes are valid for 14 days. Your quote is an estimate only based on the information provided on this form. If your event runs into overtime or you change the nature or size of your event after receiving your quote or have not disclosed hazards or access difficulties, additional charges may apply.</p> <p>If you accept our quote and wish to proceed with your booking, please advise us as soon as possible to secure your date. A 20% deposit is required to secure your booking, an invoice will be issued once you confirm your acceptance of our quote.</p>	



Once we have sufficient information about your event, we can determine how many personnel we need to provide and supply a quote for our services.

*Please remember, **this is not a volunteer First Aid service**. We are quoting for the supply of a qualified First Aid response team to provide emergency services on site and reduce the potential for unnecessary Ambulance calls to your event.*

If you require any further information to assist with your booking form, please call us anytime on 1300 766 120.