

# STANDARD EVENT BOOKING FORM



Our booking process explained: On the return of this form our event operations and logistics team will review the details you have provided, risk and resource assess your event and will return a quotation based on their suggestion of a safe level of cover. This level of cover is comprised from industry standard guidance, event histories, as well as years of relevant knowledge and experience. You have the option to accept this quotation, decline it or contact us to discuss the suggested cover.

Being a professional and responsible ambulance service, patient safety is our top priority. We will not accept or confirm a booking until both parties have agreed upon a safe level of cover. If you believe you already know the correct and safe level of cover requirements for your event, you can complete appendix A.

To get an accurate quotation, it is important the details on this form are correct if you have any questions while completing this form, please contact us on **0141 212 5770** or email: **hello@gmg ltd.co.uk**



EVENT DETAILS				
Event Name:				
In a few words, please describe your event and what activities will take place:				
Is your event for a charity	<input type="checkbox"/>	Charity Name & Number:		
How many people will be attending your event? <small>(You should include staff and contractors)</small>				
Attendance Profile: <small><i>(This is important for our risk assessments. Please circle all which apply)</i></small>				
EVENT LOCATION DETAILS				
Dates & Times <small><i>(If your event runs over multiple days and cover is required to stop and start, detail this in the 'Cover' section.)</i></small>	Date:		Event Start:	
	Date:		Event Finish:	
Full Site Address: <small><i>(If your event is a race and follows a predefined route, please use the start / finish addresses here)</i></small>				
What3Words Location:				
Venue Type:				
BOOKING CONTACT DETAILS				
Your Name: Your Phone		What is your role in relation to the event?		
Number: Your Email				
Address:				
Your Residential Address:				
EVENT POINT OF CONTACT				
Contact Name: Phone			<small><i>This is who we report to and liaise with during the event. This person MUST be present on the event site and ideally will be a part of the organising team and have the power to make decisions.</i></small>	
Number: Event Role /				
Location :				
Radio Call Sign: <small><i>(if applicable)</i></small>				


INVOICING INFORMATION		
Invoice To		<p>These are the details we will use when we invoice you if you accept our quotation.</p> <p>If you require us to invoice a company, please include their company registration number.</p> <p>Payment terms are clearly displayed on our invoice, late payment may the risk cancellation of your cover. Further information is available in our booking terms and conditions supplied with your quote.</p>
Invoice Address		
Your Order / PO Number		
Contact Name		
Email Address		
Telephone		
Company Registration Number		

MEDICAL COVER REQUIREMENTS				
Cover Dates(s)	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY
Start Times	TT:MM	TT:MM	TT:MM	TT:MM
Finish Times	TT:MM	TT:MM	TT:MM	TT:MM
Skills:	<input type="checkbox"/> Welfare Team (WT)	<input type="checkbox"/> Medical Technician (EMT)	<input type="checkbox"/> Independent Prescriber	
<i>(Quotes will be based on our suggestion of a safe level of cover, if you know you specifically need one of these skills, please tick the relevant box, if you are unsure please leave it blank)</i>	<input type="checkbox"/> First Responder (EFR)	<input type="checkbox"/> Nurse (RN)	<input type="checkbox"/> Critical Care Paramedic	
	<input type="checkbox"/> Care Assistant (ECA)	<input type="checkbox"/> Paramedic (PARA)	<input type="checkbox"/> Doctor (DOC)	
Resources:	<input type="checkbox"/> No Vehicle Required	<input type="checkbox"/> Rapid Response Car (RRV)	<input type="checkbox"/> Event Ambulance	
<i>(If you are unable to provide a designated treatment area, we suggest requesting an ambulance to be used for this purpose)</i>	<input type="checkbox"/> Unmarked Vehicle	<input type="checkbox"/> Off Road Rescue (4x4)	<input type="checkbox"/> Frontline Ambulance	
Fixtures:	<input type="checkbox"/> Pop Up Medical Centre <i>(Holds 6 patients and includes a resus bay) (6m x 6m)</i>	<input type="checkbox"/> Tent / Gazebo Provided <i>(We will contact you to ensure this will meet our requirements)</i>	<input type="checkbox"/> Onsite Facilities Available <i>(we will contact you to ensure they meet our requirements)</i>	
Any Additional Requirements:				
<i>(Please detail any additional or specialist requirements, such as welfare services etc.)</i>				
Medical Staff Welfare:				
<i>(Is there a staff rest area or any free drinks or food provided. If food or drink vouchers are provided where do we collect these?)</i>  <i>(For some events we may require a certain level of welfare to be provided, we will contact you to discuss this.)</i>				

EVENT HISTORY & SPECIFIC RISKS	
Who was your previous medical provider?	
What cover arrangements did they provide?	
Looking at your event history, please give us details of any serious injuries or deaths?	

Looking at your event history, what are the Casualty Rates?	<input type="radio"/> First Event / No Data	<input type="radio"/> Medium Casualty Rate (2-6%)
	<input type="radio"/> Low Casualty Rate (<2%)	<input type="radio"/> High Casualty Rate (6%+)
<p>Does your Risk Assessment highlight any specific High Risk areas or Activities we should be aware of?</p> <p><i>(For example, live roads, racetracks, animals, fire displays, axe throwing, chainsaws, fireworks, obstacle courses, firearms or archery,</i></p>		
<p>If your event is sanctioned by a Governing Body, do they impose certain requirements for your medical provision? If yes, please give details:</p> <p><i>(e.g. BHA, for some equine events. BARR or UKA for Road Running Races)</i></p>		
<p>Additional Information:</p> <p><i>(Please use this space to tell us any additional information about your event you think we might need to know. The more we understand about an event the better service we can provide)</i></p>		

SUPPORTING DOCUMENTS	
<p>If you're attaching any supporting documents, please list them here:</p> <p><i>(for example, route maps for a marathon or a site map for a festival)</i></p>	

 Thank you for completing this form, please return it to [hello@gmg ltd.co.uk](mailto:hello@gmg ltd.co.uk) – You will receive an email acknowledging we've received it, please allow us a few days to respond with a quote.

