EVENT NOTIFICATION FORM – Initial Outline

This form will be circulated to members of the St Albans District Safety Advisory Group (SAG) for the purpose of notifying key agencies that an event is taking place. These agencies include, but not limited to, the Police, Licensing, Herts Highways, Fire Service and Ambulance service. For a full list of member agencies and details on the group’s roles and function, please see the [Terms of Reference on the Council’s website](https://www.stalbans.gov.uk/sites/default/files/attachments/St%20Albans%20Safety%20Advisory%20Group%20Terms%20of%20Reference%202023.pdf).

This form acts as the initial brief to highlight to SAG the nature and size of your event. The information you provide will be subject to a triage process which will decide if a full SAG review is required. Therefore, it is essential that you include as much accurate information as possible.

Whilst this is an initial notification of your event, please complete each section in as much detail as possible so that the relevant review processes can be undertaken and key agencies can provide the correct level of support and guidance.

If your event requires a full review, further detailed documentation will need to be submitted that will enable key agencies to provide advice and guidance on specific aspects of your event (road closures, licensing requirements) helping to inform safe planning and delivery of your event; minimising the risk to public safety.

Please refer to the supporting guidelines for submission details and timescales, as well as examples of Event Management Plans, Risk Assessments and information to help you plan a safe event

1. EVENT DETAILS

Please complete each section and provide as much detail as possible in relation to the type and nature of your event. **(Please tick as appropriate – double click on the box and select ‘checked’ and then click ok)**

|  |  |
| --- | --- |
|  |  |
| **1.1 Name of Event** |  |
| **1.2 Type of Event** |  |
| **1.3 Date of Event** |  |
| * 1. **Nature of Event**   (Please tick) | Charitable event  Voluntary / Community Event  Commercial event  Private event |
| * 1. **Description of Event Activity** | (Please provide an overview of what will be happening) |
| * 1. **Event Audience** | Is the event open to:  Under 18’s  Adults (18+) only  Families  Whole community (open to all ages)  **Please state expected numbers**  Spectators -  Participants - |
| * 1. **Event Start/Finish times** | Set up start date/time -  Start of event -  Finish of event –  Site cleared by (date/time) - |
| * 1. **Is there a charge to the public to take part in the event** | (If yes, please provide details) |
| * 1. **Has the event been held before?** | (If yes, please provide details) |
| * 1. **If your event has been held before, do you plan to operate as per previous events or will there be any significant changes?** |  |

2. EVENT ORGANISERS DETAILS

Please complete each section.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | | |
| **Name of Event Organiser/Manager** |  | | |
| **Name of Organisation** |  | | |
| **Address** |  | | |
| **Email** |  | | |
| **Tel No** |  |  | |
| **Fax No** |  | | |
| **Has your organisation and/or event manager held events in St Albans District before?** | | | Yes / No |
| **Has your organisation and/or the event manager ever been convicted or found negligent in the planning or staging of an event.** | (If yes, please provide details) | | |

3. EVENT LOCATION

Please complete the location details of your event. If your event is in more than one location or on a public highway please specify the details. If possible please include a site map.

|  |  |  |
| --- | --- | --- |
| **Main Location of Event** | **Land Owner(s) (Including address)** | |
|  |  | |
| **Size of area you will be using for the event** | |  |
| **Has the event been held at this location before?** | | Yes / No |
| **Have you been granted permission to use the land by the land owner?** | | |
| If yes, please state the person(s) who granted permission and their contact details  (Refer to Land Ownership Document) |  | |

# 4. LICENSING DETAILS

Please complete each section. The information contained within this section will help determine if a license is required.

|  |  |
| --- | --- |
|  |  |
| * 1. **Licensable Activity 1 - Will there be alcohol at the event?** | There will be no alcohol at the event  We are selling alcohol  We are serving alcohol (No sale)  Public can bring their own |
| * 1. **Licensable Activity 2 - Will there be regulated entertainment?**   (If you have ticked yes to one or more of these, your event will need to be covered by a license) | Live music  Performance of a Play(s)  An exhibition of a Film(s)  Playing of recorded music  Performance of dance  Provision for making music  Provision of facilities for dance  Boxing or wrestling entertainment  None of the above |
| * 1. **If you require a license for your event have you spoken with the licensing authority?** | No license required  The venue is already licensed  We are unsure if a license is required  We are in contact with the licensing authority  We have submitted an application for a TEN  A TEN has been approved |

# 5. EVENT HEALTH AND SAFETY DETAILS

Please complete each section.

|  |  |
| --- | --- |
|  |  |
| * 1. **Will food be served at your event?**   (If you are providing food/drink to the public you will be required to submit a list of catering suppliers) | Food will not be provided  Food will be provided by professional caterers  Food will be provided by local restaurants  Participants will bring their own (for individual consumption only)  If food is provided please provide a full list of catering providers with your application. |
| * 1. **Will the event create any noise (spoken word/PA system, etc)?** | Recorded/livemusic will be played  Fireworks  Noise from the audience/spectators/participants  Other (please state)  There will be no noise |
| * 1. **Does your event have Public Liability Insurance?**   (Please state the level of cover i.e. £10m) | Public Liability Insurance (£ )  Employer Liability Insurance (£ ) |
| * 1. **Will there be any electricity, gases be used at the event? (Please provide details of what and how it will be used)**   (Please note: you may be asked to provide safety inspection records) | **Electricity**  There will be electricity on site (please state)  There will be no electricity on site  **Gas**  There will be gas on site (please state)  There will be no gas on site (please state) |
| * 1. **Will there be any unusual and /or high risk activities taking place at the event**   (Including set up and clear up) | Working at height  Pyrotechnics  Vehicle movement  Activities near or in water  There will be no high risk activity |
| **5.6 Will any temporary structures be erected?** | There will be no temporary structures  There will be marquees  There will be scaffolding  There will be fencing  There will be stage(s)  There will be bouncy Castles / Inflatables  There will be large banners/signage  There will be a fun Fair  Other (please state) |
| * 1. **Who is providing first aid/medical cover?**   **(Please provide details – Who and how many, inc documentation of cover provided and/or qualifications where applicable)** |  |
| **5.8 Have you thought about your processes if a suspect package is found or a threat from an outside source is identified?** | *Advice and further information can be found here -* [*https://www.gov.uk/government/collections/crowded-places*](https://www.gov.uk/government/collections/crowded-places)  *Please ensure this information is provided within you Event Safety Plan.* |

# 6. TRAFFIC MANAGEMENT

Please complete each section.

|  |  |
| --- | --- |
| **6.1 Does your event take place on a public highway?** | The event does not go onto a public highway  The event partly uses a public highway  The event is all on a public highway |
| * 1. **Are you applying for road closures?** | We are applying for road closures  We are not applying for road closures  We are unsure if we need to apply for any closures  *If you are applying for road closures, please provide us with a* ***copy*** *of your application* |
| * 1. **Will there be any parking requirements for your event?**   (please provide full details) |  |

# 7. SUPPORTING INFORMATION

In order to support the Safety Advisory Group (SAG) to gain a further understanding of how you will manage your event, please supply, with return of this notification form, the following documentation:

Event Safety Plan

Event Management Plan

Event Risk Assessments

Event Site Plan

**Please note:** These documents will be made accessible to SAG members for the purpose of checking measures for public safety, sharing information and contingency planning between key agencies. SAG members will share their feedback to the event organiser on the above documentation and event planning processes.

The Safety Advisory Group recommends that as a minimum the following documents should be in place for your event:

Public Liability Insurance

Marketing / Promotional Material

**Please note:** If booking an event on Public land you will be required to provide this information to the landowner to secure the site.

# 8. INFORMATION / SUBMISSION DETAILS

St Albans District Events Safety Advisory Group

Community Services

St Albans City and District Council

Council Offices

St Peters Street

St Albans

Herts

AL1 3JE

Alternatively forms can be sent via e-mail

[events@stalbans.gov.uk](mailto:events@stalbans.gov.uk)

For more information please call 01727 819518 or use the above e-mail address.

**9. Privacy Notice**

This privacy notice explains how St Albans City & District Council (the Data Controller) will use any personal information we collect about you when you use our services.

**What information do we collect about you?**

The information that the Council will collect varies depending on how you use the Council’s Services. We are using the information provided in this case for a public task (Art. 6(1)(e)GDPR). This means we collect your personal information from you so that we can carry out our statutory functions. In this case we are collecting personal information so that we can operate a Safety Advisory Group (SAG) for the purposes of ensuring events are managed and operate safely in accordance with our statutory duty to prevent crime and disorder under the Crime & Disorder Act 1998.

**How will we use the information about you?**

We use the information to discuss your event at the SAG meeting and provide advice/support as necessary. We may share the information with other departments at the Council to enable us to do this. The other departments will include Licensing, Emergency planning, Environmental Health but it may also include other departments where necessary. We will only share the information to enable us to deal with this matter.

*We will share the personal information we hold with partner organisations. By partner organisations we mean the Police Constabulary; Fire Authority; 1Life and NHS where sharing your data is necessary to deal with the event.* We may be required to share your personal information with the Police, Internal Audit or similar agency, or another Council for the purposes of preventing and detecting fraud.

We will ensure that all personal information is kept securely.

**How long will we keep this information?**

We will destroy this personal information in accordance with our Disposal Schedules. We consider what the legislation states and what is good practice to determine how long we need to keep your information. This means we will securely destroy the information once we no longer need it. If you would like to know the specific period of time that relates to your personal information please contact [GDPR@stalbans.gov.uk](mailto:GDPR@stalbans.gov.uk)

**Individuals’ Rights**

You have a right to request a copy of the personal information that we hold about you. If you would like a copy of some or all of your information, please contact [foi@stalbans.gov.uk](mailto:foi@stalbans.gov.uk) and ask for a subject access request.

If you consider we hold inaccurate personal information about you, you can contact us to ask for this information to be corrected. If you consider we are using your personal information incorrectly, you can object. We will consider your request and respond within one month. Please contact [GDPR@stalbans.gov.uk](mailto:GDPR@stalbans.gov.uk).

You can find out more about your rights on our website: <https://www.stalbans.gov.uk/sites/default/files/documents/publications/privacy-notices/Individual%20Rights%20GDPR%20Website%20Notice.pdf>

**Cookies**

Cookies are text files placed on your computer to collect standard internet log information and visitor behaviour information. This information is used to make your use of the internet better. For further information on how we use these and how you can control it, please visit <https://www.stalbans.gov.uk/cookies>.

**Changes to our Data Protection Policy**

We have a Data Protection Policy in place and this can be found here: <https://www.stalbans.gov.uk/sites/default/files/documents/publications/privacy-notices/GDPR%20Personal%20Data%20Policy.pdf>. We review this policy annually.

**Data Protection Officer**

Our Data Protection Officer for the purposes of Articles 37 to 39 of the General Data Protection Regulation is Charles Turner, Solicitor to the Council. He can be contacted by emailing [GDPR@stalbans.gov.uk](mailto:GDPR@stalbans.gov.uk) or calling 01727 819209 for our Complaints Team.

**How to contact us**

Please contact us if you have any questions about our Data Protection Policy, or concerns about how we handle your information: by emailing [foi@stalbans.gov.uk](mailto:foi@stalbans.gov.uk) or write to us at: FOI Team, St Albans City & District Council, St Peter’s Street, St Albans, AL1 3JE.

**Complaints**

You have a right to complain to the Information Commissioner if you are unhappy with how we process your personal information. You can do so through their website: <https://ico.org.uk/concerns/> or by emailing: [casework@ico.org.uk](mailto:casework@ico.org.uk) or calling their helpline on 0303 123 1113.

**□** I give consent to this processing. Please tick here to give consent.

# 10. DECLARATION

I confirm that the information contained within this document is accurate and correct to the best of my knowledge.

I understand that St Albans City and District Council and the St Albans District Events Safety Advisory Group (and its members) acts solely as an advisory body and cannot accept any responsibility for any aspect of my/our event.

I understand that the responsibility for safety at my/our event remains solely with the event organiser.

**Print name**:

**Role within the Event**:

**Signed**: **Date:**