

CABONNE COUNCIL

Preliminary Advice of A Planned Event 2017 / 2018

1. DETAILS OF APPLICANT

Group Name	
Contact person	
□MR □MRS □MS □DR □OTH	HER
First Name	Surname
House Number/Name	Street/Road
Town	State Postcode
Telephone Mobile – Duri	ing Event Email
2. DETAILS OF EVENT	
Name of Event	
Location and Description of Event	
Brief History of Event if it has been held before	ore

Date/s of Event		Starting Time Ending Time								
Expected number of participants Expected number of spectators										
Activities										
List all activities and tasks that will take place. This includes all pre, during and post event										
activities.	at will take place	. This includes a	ali pre,	during and post ev	/ent					
Pre –Event	During	Event		Post -Event						

Event Site Plan

Or please attached a map. Comments:									
Ornloss	o attachar	la man							

3. ROAD CLOSURES

Will you be using Council Roads for the event?													
☐ Yes ☐ No (If no - please proceed to question 4)													
Is your event ?													
☐ Full road closure ☐ Sharing of the road where both general traffic and participants of your event share use of the road, eg fun runs, cycle races etc													
Starting T Closure	ime of		Ending Time Closure	e of	_								
Proposed	l Site Plan	for Road	Closure										
Please include a clear route map siting location of marshals, barricades and any detours proposed, and the specific part of the road/s required for a road sharing/closing. Please note if a road needs to be closed a traffic management plan must be submitted to Council for consideration.													
Or please	e attach a	тар.											
Commen	<u>ts:</u>												

4. REQUIRED COUNCIL PERMITS

legislation.	
Please detail if you are:	
☐ Erecting roadside signage (advertising)	
☐ Using amplification equipment	
☐ Selling alcohol or permitting the consumption of alcohol (Security may be required to meet licence requirements)	
☐ Selling food	
☐ Providing amusement rides	
☐ Erecting permanent or temporary structures such as stages, lighting rigs, marquees etc	
☐ Fireworks display	

Some activities may require formal Council approval under the Local Government Act or other relevant

5. ADDITIONAL COUNCIL SERVICES

Please detail any additional services you may require from Council, other than those existing at the site? This may include access to power, additional rubbish bins, rubbish removal, additional cleaning of public toilets, barricades, witches hats etc.								
6. RISK MANAGEMENT AND INSURANCE								
A risk assessment must be completed for all events and reviewed by Council's Risk Management Officer.								
Risk Assessment attached □Yes □ No								
Copy of Certificate of Currency Indicating Public Liability Coverage for this event ☐Yes ☐ No ☐ NA – Council Event								
Events organised by non Council groups must provide evidence of their Public Liability Insurance.								

Risk Matrix and Corrective Action Table

Risk Matrix

	Consequences										
Likelihood	Insignificant	Minor	Moderate	Major	Catastrophic						
Almost Certain	Medium 8	High 16	High 20	Extreme 23	Extreme 25						
Likely	Medium 7	Medium 12	High 17	High 21	Extreme 24						
Possible	Low 5	Medium 10	High 15	High 18	High 22						
Unlikely	Low 2	Low 4	Medium 11	Medium 13	High 19						
Rare	Low 1	Low 3	Medium 6	Medium 9	High 14						

Proposed Corrective Action

Risk Level	Action Required
Extreme Risk	This rating level is not acceptable
23 - 25	Report immediately to Senior Management;
	Consider alternate activity unless appropriate controls are implemented
	Develop specific Treatment/Action Plan for immediate implementation to address extreme risks
	Allocate actions and budget for implementation within one month
	Report to Senior Management on effectiveness of control
High Risk	Develop and implement a specific Treatment/Action Plan for high risks
14 - 22	Consider alternate activity unless appropriate controls are implemented
	Allocate actions and budget to minimise risk; monitor implementation
	Report to Senior Management on effectiveness of control
Medium Risk	Develop and implement a specific Treatment/Action Plan for medium risks
6 - 21	Allocate actions and budget to minimise risk where existing controls deemed inadequate; monitor implementation
	Management to consider additional controls
Low Risk	Accept and Monitor low-priority risks
1 - 5	Manage via routine procedures where possible; Monitor via normal internal reporting mechanisms

Event Risk Assessment

Even	vent:									Activity:					
Asse	ssessment Conducted By:									Date of Assessment:					
0.		List any existing controls (processes	What can happen that on affect the success Bigk		Consequences if the incident occurs (refer to matrix)			What additional controls can be implemented to manage situation	Adjusted rating with controls (refer to matrix)			o o	Is additional		
Ref No.	Activity	and procedures) that are currently in place		Rating	Score	Likelihood	Consequence		Rating	Score	Treatment/ Action Required?				
01						ı					٦				

Event Risk Assessment

Even	t:		Activity:											
Asse	Assessment Conducted By:								Date of Assessment:					
9.		List any existing controls (processes	What can happen that can affect the success of the event? (Consider existing controls) Risk Category Risk Category Poon if the incident occurs (refer to matrix) Poon if the event of the incident occurs (refer to matrix) Poon if the incident occurs (refer to matrix)		if the incident occurs (refer to matrix)			What additional controls can be implemented to manage situation	Adjusted rating with controls (refer to matrix)			Ф	Is additional	
Ref No.	Activity	and procedures) that are currently in place		Rating	Score	Likelihood	Consequence		Rating	Score	Treatment/ Action Required?			
01														

Event	vent:									Activity:					
Asses	ssment Conducted By:								Date of Assessment:	Date of Assessment:					
		List any existing controls (processes	What can happen that	Diale	Consequences if the incident occurs (refer to matrix)			What additional	Adjusted rating with controls (refer to matrix)			Φ	Is additional		
Ref No.	Activity	and procedures) that are currently in place	can affect the success of the event? (Consider existing controls)	Risk Category	Likelihood	Consequence	Rating	Score	controls can be implemented to manage situation	Likelihood	Consequence	Rating	Score	Treatment/ Action Required?	
01															

7. RESPONSIBILITY TO PROTECT CROWDED PLACES

Following advice from the NSW Police Counter Terrorism & Special Tactics Command and other organisations, such as ASIO and the NSW Police Intelligence Unit, Cabonne Council requires event organisers to address their responsibilities relating to the protection of crowded places.

Landowners and event organisers are responsible for protecting sites from a range of foreseeable threats, including terror attacks, and as such should consider anti-terror measures in the planning of events.

All event organisers must undertake a "crowded places vulnerability assessment". You must complete a crowded places security audit and a self-assessment via the www.secure.nsw.gov.au or www.nationalsecurity.gov.au websites

The assessment score must be provided to Cabonne Council.

Where the assessment score is above a certain level, event organisers may have to engage accredited security consultants to provide suitable solutions. For larger events, these measures can include (but are not limited to) hostile vehicle mitigation measures, such as the installation of suitably-engineered bollards or barriers. Normal Traffic Control Plans are not considered to be a Hostile Vehicle Mitigation measure.

Event organisers must submit Security Plans for their events to Council along with Emergency Management Plans. These measures are in addition to risk management assessment event organisers are required to undertake.

8. MAYORAL ATTENDANCE Will the mayor or other Council representative be required to attend the event?

⊔ Yes ⊔ No								
9. FUNDING OPPORTUNITIES								
Will your organisation require information on funding assistance available from Cabonne Council as administrated through the Events Assistance Program ☐ Yes ☐ No								
10. APPLICANT'S SIGNATURE								
The applicant, or the applicant's agent, must sign the	e application							
Signature	Name, if you are not the applicant							
In what capacity are you signing if you are not the applicant?	Date							

The Preliminary Advice of a Planned Event Form when completed is to be submitted to Cabonne Council's Promotion & Tourism Officer at PO Box 17 Molong NSW 2866.

OFFICE USE ONLY

Tick √		Date	Comment	Name / Signature
	Letter of acknowledgement			
	Referral to Council Directorates - Road Closure (DETS) - Council Permits (DES) - Additional Services - Risk Management & Insurance (RMO) - Mayoral Attendance (GM PA) - Funding (CBDO, EDM)			
	Determination of application Notify Councils Insurance Provider - State-wide			
	Letter of Approval or other determination			
	Ensure documentation is recorded in infoXpert			