Priority One Medical

REQUEST FOR FIRST AID / MEDICAL COVER

In order for us to accurately plan the First aid / Medical cover for your event we request that you complete and return this form as soon as possible.
Please send us a copy of your risk assessment and Event plan.
Please note that completion of this form does not constitute confirmation of our cover.
PLEASE COMPLETE IN BLACK INK USING BLOCK CAPITALS

Contact Details	
Company / Organisation Name	
Organisation Contact Name	
Contact Address	
Contact Telephone Number	Day Evening
Contact Fax Number	
Mobile Telephone of Contact	
Contact Email Address	

Event Details	
Title of Event	
Nature of Event	
Date/s	
Location of Event (including site plan if possible)	
Access / Directions to site (main roads / local landmarks)	
Reporting on site to?	
Times	Start Finish
Will the general public be in attendance?	
If so, how many people are you expecting?	
What insurance is in force? (e.g. Public Liability)	
Is the event covered by a local authority license?	
If Yes, what local authority?	
Local authority contact name	

Priority One Medical Services
Phone: 07908 130746 Email: events@Priorityonemedical.co.uk

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First Aid Facilities	
Facilities available to our staff e.g. parking / first aid room / toilets.	
Will refreshments be made available?	
Nearest Hospital	
Have you performed a risk assessment?	
If yes, are there any specific hazards that we should be aware of. Please supply details of these.	
Are there any other organisations involved with the event e.g. Police / Fire / Ambulance?	
Do you have any specific requirements e.g. Ambulance / Doctor / Nurse	

Signature:	Date:

For Event staff use only:

Action	***Date***
Date of initial Enquiry	
Duty Request form sent to Event Organiser	
Duty Request form returned to office	
PUBLIC DUTY REQUEST FORM SENT TO:	
Name:	Date:
OPERATIONAL DUTY REQUEST FORM SENT TO:	
Name:	Date:
DUTY REFERENCE NUMBER	