

## Queen Elizabeth II Medical Centre Event Application Form

This form must be completed in full and submitted to [QEIMCTrust@health.wa.gov.au](mailto:QEIMCTrust@health.wa.gov.au) or in person to QEIMC Trust Administration, R Blk, 2<sup>nd</sup> Flr, at least fifteen (15) business days prior to the event.

### Event Manager Details

**Name:** \_\_\_\_\_  
**Department/Organisation:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
  
**Email address:** \_\_\_\_\_  
**Mobile number:** \_\_\_\_\_  
**Other contact number:** \_\_\_\_\_

### Event Details

**Event name:** \_\_\_\_\_  
**Event date:** \_\_\_\_\_  
**Event location:** \_\_\_\_\_  
  
**Set up start time:** \_\_\_\_\_  
**Actual event start time:** \_\_\_\_\_  
**Actual event end time:** \_\_\_\_\_  
**Pack up end time:** \_\_\_\_\_  
  
**Number of people expected to attend:** \_\_\_\_\_

**Expected attendees (e.g. staff, patients, members of the public etc.):**

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**Methods of advertising:**

**Appearance and layout of the event (attach additional documents if required):**

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**Event description - purpose, scope, aim and/or goals (attach additional documents if required):**

## **Queen Elizabeth II Medical Centre Event Checklist**

This document must be signed by the event manager and completed to the satisfaction of the Queen Elizabeth II Medical Centre Trust. While each item is an essential criterion, some may not be applicable to the staging of every type of event. Checking a box indicates that you understand the criterion listed and have fulfilled, or will fulfil it in the course of preparing for and staging your event.

The event manager whose details are provided in the Event Application Form is responsible for the planning, accommodation and implementation of all of the following in accordance with the *Queen Elizabeth II Medical Centre (Delegated Site) By-Laws 1986*.

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### **Venue**

The venue chosen is appropriate to the requirements and parameters of the event to be staged.

Permissions have been received from any necessary stakeholders including but not limited to:

- QEIIIMC tenants near to the event location.
- The Sir Charles Gairdner Hospital Security Department
- The Sir Charles Gairdner Hospital Emergency Management Department
- The Sir Charles Gairdner Hospital Occupational Safety and Health Department.

### **Equipment**

All relevant safety equipment will be provided.

All dangerous or valuable equipment will be checked and stored securely.

Suitable cleaning equipment and products will be provided to restore the event location to its original condition.

### **Utilities**

Where required, a qualified electrician will be used for any power installations.

### **Health and Safety**

Food storage and handling has been planned, and will be conducted in compliance with the mandatory standards of *Safe Food Australia- A Guide to the Food Safety Standards 2001*.

Hygiene facilities and toilet facilities will be provided, available, signposted and compliant with the mandatory standards stipulated in the *Government of Western Australia, Department of Health: Guidelines for concerts, events and organised gatherings, 2009*.

### **Weather**

The event plan has accounted for attendee comfort and safety and has constructed a contingency plan in the event of extreme weather conditions.

### **Event Personnel**

The event plan ensures that there will be enough event staff/volunteers to successfully manage the event.

### **Waste Management**

Additional bins will be provided if required and the venue location will be returned to its original condition after the event has been staged.

### **Other comments:**

I have read and understood the *Queen Elizabeth II Medical Centre (Delegated Site) By-Laws 1986*.

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***This section to be completed by the Event Manager.***

I \_\_\_\_\_ the event manager of \_\_\_\_\_  
to be held on \_\_\_\_\_ as listed in the *Queen Elizabeth II Medical Centre Event Application Form* in completing the *Queen Elizabeth II Medical Centre Checklist* agree that all Queen Elizabeth II Medical Centre event conditions and regulations have been observed and will, or have been, addressed for the aforementioned event. I take full responsibility for any accident or incident that causes damage to person or property that occurs as a result of these conditions and regulations not being adhered to in the staging of the event.

Signature: \_\_\_\_\_ (Please use digital signature or print to sign)

Date: \_\_\_\_\_

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***This section to be completed by a representative of the Queen Elizabeth II Medical Centre Trust delegate.***

I \_\_\_\_\_ on behalf of the Queen Elizabeth II Medical Centre Trust delegate have reviewed the above Event Application Form and Event Application Checklist and have deemed the proposal for this event as

**COMPLIANT**

**NOT COMPLIANT**

with the procedural requirements and minimum safety standards.

Approval is therefore:

**GIVEN**

**NOT GIVEN**

for this event to take place.

Signature: \_\_\_\_\_ (Please use digital signature or print to sign)

Date: \_\_\_\_\_