

Environment Canterbury Regional Parks

Event application form for groups up to 60 people

As per records standard needs

riease provide the following information to enable y	our event to run as smooth	ly as possible.	
Event details			
Name of event:			
Type of event:			
Description of event:			
Location:			
Contact details			
Organisation:	'		
Contact person:			
Postal address:			Post code:
Street address:			
Work phone:	Home:	Mobile:	Fax:
Email:			
Contact person on the day:			
Work phone:	Home:	Mobile:	Fax:
Email:			
Date and times			
Set up date: / / time: :	Event start date: /	/ time: :	
Finish date: / / time: :	Conclusion date: /	/ time: :	
Number of people on location:	Number and type of vehi	cles on location:	
Parking requirements			
Are the existing parking facilities adequate?	Yes	No	
If No, describe the additional requirements and atta	ch a diagram (this can be i	ncluded on the site plan).	
Clean up (the organiser is responsible for cleani	ng up of the venue)	-	
What are your arrangements?			
Expected completion date: / / time:	:		



Electricity			
Is power required for this event?	Yes	No	N/A
Will you require access to Environment Canterbury power supplies, if available at the venue?	Yes	No	
If Yes, please give details of your requirements:			
If No, please detail what you are providing in way of a	generator:		
Sound			
Will there be any amplified sound?	Yes	No	
If Yes, please supply details and expected sound level	ls:		
Entertainment (e.g. bands, bouncy ca	ıstles, etc.)		
Will there be any other types of entertainment?	Yes	No	
If Yes, please give details:			
Health and Safety Plan		,	
Please ensure that the event organisers are made awa 1992 and that a Health and Safety Management Plan b and Safety Guidelines confirmation form.	•		
Privacy Act 1993			
The information collected will be used to ensure the eother Environment Canterbury departments, external			
Charges			
The organiser may incur costs such as facility fees and for the cost of equipment and other items that the every refundable on fulfilment of Environment Canterbury refundable.	ent requires. The		
Organisers must comply with the conditions for the us attached to your letter of approval. Any changes or ac			
Upon completion of this application, please sign belo	w.		
Signature:	Date: /	/	
If any details, relating to this permit application, are a please advise Environment Canterbury, as soon as po		forms are submitted,	
Park Ranger (Events) 1330 Main North Road Kainga, Christchurch 8083			



PO Box 345, Christchurch 8140

Phone o3 323 5345

Con	firmation of organisation's health and safety management plan
То: Е	nvironment Canterbury Parks and Reserves Team, PO Box 345, Christchurch
From	: (Name of organisation)
Posta	address:
Name	of event:
	on of event:
Healtl	nfirm that our organisation has a Health and Safety Management Plan. This plan complies with the requirements of the and Safety Employment Act 1992, Health and Safety in Employment Regulations 1995 and all other relevant legislation. an will remain in force for the duration of our event and will not be amended or cancelled during this time.
We	confirm the following requirements are part of the plan:
	A system is in place for the identification, assessment and control of hazards.
2.	Control measures for hazards are reviewed at intervals appropriate to the running of the event.
3.	Health and Safety responsibilities are assigned to designated staff, that is, all those working on the event, including volunteers.
4.	Organisation representatives have inspected the event location to ensure that the venue is safe.
5.	An Accident Register is kept on site.
6.	An Emergency Plan designed for our event is in place for dealing with a variety of emergencies.
7.	A Health and Safety briefing will be carried out and documented with staff (including volunteers) prior to each session of the event.
8.	All staff working at the event location have the necessary knowledge and skills to perform their job adequately, or they will be adequately supervised.
9.	A system is in place to ensure the public is not endangered by activities carried out at the event venue.
10	Total number of staff/volunteers working at our event is:
The na	ume of the organiser/coordinator for this event is:
Conta	ct phone number during this event is:
I the ι	ndersigned confirm that the above information is true and factual. I confirm that I am the authorised signatory for this matter.
Δutho	rised Signatory:

Email document to duty.ranger@ecan.govt.nz with ATTN: Kate in the subject line.

Date: / /



Please Print Name: __