

Environment Canterbury Regional Parks

Event application form for groups over 60 people

As per records standard needs

Please provide the following information to enable your event to run as smoothly as possible.

Event details						
Name of event:						
Type of event:						
Description of event: (this is what will end up on our ecan.govt.nz/advice/recreation-and-parks/pages/re		etailed description)				
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 vehicles 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).				
Street Activities						
Is a road closure or traffic management required?	Yes	No				
If Yes, a traffic management plan must be submitted	to the relevant Territorial L	_ocal Authority, at least six	weeks prior to the event.			



Clean up (the organiser is responsible for clean	ing up of the v	enue)	
What are your arrangements?			
Expected completion date: / / time:	:		
Toilets			
Are the existing toilet facilities adequate?			
(1 toilet per 100 people)	Yes	No	
If No, what temporary toilet facilities will the organi	ser be providir	ng? (include numbers and locatio	ons.)
When will the temporary toilets be removed?			
Electricity			
Is power supply 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 the wa	ay of generated	I power:	
Sound			
Will there be any amplified sound?	Yes	No	
If Yes, please supply details and expected sound lev	/els:		
Special Effects (Eg: Fireworks, smoke, noise	e, lighting etc,	also supply Health and Safety C	Certification for – Fireworks).
Will there be any special effects?	Yes	No	
If Yes, please give details:			
Fortestein was at /For Davids have as		<u> </u>	
Entertainment (Eg: Bands, bouncy of	asties etc)	
Will there be any other types of entertainment?	Yes	No	
If Yes, please give details:			

Building Consent			
Will there be any of the following?			
Tents or marquees over 50 m ²	Yes	No	
Platforms or staging over 1 m high	Yes	No	
Scaffold towers or grandstands	Yes	No	
Portable buildings (eg. 'Portacoms')	Yes	No	
Temporary artwork or other structure	Yes	No	
If Yes to any of the above, a building consent m weeks before event. (and mark locations on the		the relevant Territorial Loc	cal Authority (TLA) at least six
Have you applied for a building consent through the TLA?	Yes	No	
Environment Canterbury requires a copy of the	building consent if	one is required.	
Regulatory Licences The organiser is responsible for obtaining all approximately appro	opropriate licences k	pefore approval for your ev	ent can be given.
Which of the following licences will you require?			
Sale of liquor	Yes	No	
Amusement Devices	Yes	No	
Sale of Merchandise	Yes	No	
Storage and use of LPG	Yes	No	
Storage and use of Kerosene	Yes	No	
Will you be using Food Vendors	Yes	No	
If Yes, are they registered and current?	Yes	No	
If Yes to any of the above, regulatory licences n before event.	nust be submitted to	the relevant Territorial Lo	cal Authority at least six weeks
Have you applied for a regulatory licence through the TLA?	Yes	No	
Environment Canterbury requires a copy of the	regulatory licence if	f one is required.	
Public Liability Insurance			
Proof of your insurance is required.			
Is a copy attached?	Yes	No	N/A
Company:	Amount:		Expiry date: / /
Comments:			
Forest and Rural Fire Insurance			
- Orest and Hurari ne mourance			
Is your event being held between the 1st September to the 3oth April?	Yes	No	
If Yes, then you do require this. Please provide p	oroof, attach a copy.		



Health and Safety Plan

Please ensure that the event organisers are made aware of their responsibilities under the Health and Safety in Employment Act 1992 and that a Health and Safety Management Plan be produced specific to this production. Please complete the enclosed Health and Safety Guidelines confirmation form.

Privacy Act 1993

The information collected will be used to ensure the effective processing of your application. It may, therefore, be distributed to other Environment Canterbury departments, external agencies and for public notification as required.

Charges

The organiser will incur costs such as facility fees and other Environment Canterbury charges. The organiser will be responsible for the cost of equipment and other items that the event requires. The organiser may be asked to provide a bond that will be refundable on fulfilment of Environment Canterbury requirements.

Organisers must comply with the conditions for the use of Environment Canterbury parks and facilities. A set of conditions will be attached to your letter of approval. Any changes or additions to these conditions are at the discretion of Environment Canterbury.

Upon completion of this application, please sign below.

Signature:	Date:	/	/						
If any details, relating to this permit application, ar please advise Environment Canterbury, as soon as		fter th	e form	ns are	submi	tted,			
Park Ranger (Events) 1330 Main North Road Kainga, Christchurch 8083 PO Box 345, Christchurch 8140 Phone 03 323 5345									
Note: You must also sign the Confirmation of Organ	nisation's H	ealth a	and Sa	afety N	1anage	ement Pl	an.		
	41 1 -								
Confirmation of organisation's heal	tn and s	afet	y ma	anaç	jeme	ent pla	ın		
To: Environment Canterbury Parks and Rese									
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To: Environment Canterbury Parks and Rese									
To: Environment Canterbury Parks and Reserverse: (Name of organisation)									
To: Environment Canterbury Parks and Reserverse: From: (Name of organisation) Postal address:									

We confirm that our organisation has a Health and Safety Management Plan. This plan complies with the requirements of the Health and Safety Employment Act 1992, Health and Safety in Employment Regulations 1995 and all other relevant legislation. This plan 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:

- 1. 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 name of the organiser/coordinator for this event is:	
Contact phone number during this event is:	
I the undersigned confirm that the above information is true and facture	al. I confirm that I am the authorised signatory for this matter.
Authorised Signatory:	Title:
Please Print Name:	Date: / /

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