**EVENT**

**BOOKING FORM**





Contact no:

Organiser Name:

Email Address:

Name of Event:

Start Time:

Start Date:

Location of Event:

Postcode:

Finish Time:

Finish Date:

On Site Contact:

Type of Event:

Level of Cover Required:

A room set aside to treat patients in private: yes/no **Nearest Hospital:**

Are they aware of the event & the possibility of them receiving an increased workload: Yes /No

Is the event sectioned off from main public: Yes / No

Any temporary structures: Yes / No

Will alcohol be consumed: Yes / No

Any other hazards identified: Yes / No

**Welfare facilities:**

Toilets on site: yes/no

Free Parking on site: yes/no

Free Refreshments: yes/no

Has a medical plan been produced: Yes /No

**IF A MAP OF THE EVENT FOOTPRINT IS AVAILBLE PLEASE FORWARD IT WITH THIS BOOKING FORM.**

Will other services be present?

Security: Yes / No

Fire: Yes /No

Police: Yes / No

NHS Ambulance: Yes / No

Other Information:

Invoice Name: Purchase Order Number:

Invoice Address:

Invoice Email Address:

I wish to receive a quote for the above medical cover for my/our event. I am authorized by the above name company to Request these provisions. I understand I am only requesting a quote at this stage and no booking has been made. Quotes will be valid for 10 days from the day of request. To confirm a booking a 50% Non-refundable Deposit will be required and the outstanding balance to be paid 7day’s prior to the event. For less than 7 days’ notice balance is required in full.

**Please email Completed Form To** [**info@firstchoicemedicalservices.org**](mailto:info@firstchoicemedicalservices.org)

**Signed On Behalf of Event** …………………………..….…………….. **Print**…………….………………………. **Date**…….…/…….…/….………….