

**REQUEST FOR PROVISION OF
FIRST AID / FIRST AID POST /
AMBULANCE COVER**



| | | |
|--------------|--------------------------|--------------|
| Your details | Name | Organisation |
| | Address | |
| | Daytime telephone number | |
| | Evening telephone number | |
| | Mobile telephone number | |
| | Email address | |

| | | | |
|---------------|---|--|-----------------|
| Event details | Dates of event | | |
| | Cover to begin at | | Cover to end at |
| | Location of event | | |
| | Title of event and what activities will the event involve | | |
| | Expected number of Participants | | Spectators |
| | Has the event been held before? | | Yes No |
| | Is a Public Entertainment Licence required? | | Yes No |

| | | | |
|---|---------------------------------|--|--|
| Cover required <i>please state no required</i> | Ambulance with crew | | |
| | First aid post / Treatment Unit | | |
| | First aiders | | |

| | | | |
|----------------------------|-----------------------|--|--|
| Other services involved | NHS Ambulance service | | |
| | Security company | | |
| | Doctor | | |
| | Other | | |

| | | | |
|------------------------|---|-----|----|
| Catering facilities | Water available on site | Yes | No |
| | Please state what refreshments will be provided for St John volunteers | | |

A Risk Assessment must accompany this request

This form must be submitted at least six weeks before cover is required

This does not constitute any agreement to undertake provision of first aid or ambulance cover for the event

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