

# PUBLIC EVENT NOTIFICATION



Office Hours  
8:30am – 4:30pm  
Monday to Friday



6177 Great Northern Highway  
PO Box 70  
BINDOON WA 6502



(08) 9576 4600



chatter@chittering.wa.gov.au  
www.chittering.wa.gov.au

*This form should be completed with reference to the Shire of Chittering Guidelines for Public Events.  
Low risk events require PART A only to be completed. Medium and High Risk events will require Part A and Part B to be completed.  
To ascertain the risk factor of your event, please call the Shire's EDO or CDO on 9576 4600 before submitting the application, so that an assessment can be undertaken over the phone.*

**Shire Event Assistance**  
Promotion: Unless otherwise advised your event will be listed on the Shire web calendar & shared through our contacts.  
Equipment: Please attach an equipment use sheet if there are any items that you would like to borrow/hire.

## PART A

Information Required	Your Response
<b>EVENT NAME:</b>	
<b>BRIEF DESCRIPTION (Main Activities):</b>	
<b>PURPOSE:</b> (Community, Commercial, Fundraising)	
<b>ORGANISATION / GROUP:</b>	
<b>INSURANCE:</b> You must have Public Liability Insurance.	
<b>CONTACT PERSON:</b> (Event organiser must be over 18)	
<b>TELEPHONE (DAY):</b>	
<b>EMAIL ADDRESS:</b>	
<b>DATE/TIME OF EVENT:</b>	Date/s :     /     /     to     /     / <span style="float: right;">Start Time: Finish Time:</span>
<b>VENUE:</b>	
<b>Shire Venues:</b> Have you completed a booking form?	
<b>Other Venues:</b> Do you have the owner's permission?	
<b>Signed (Event Organiser)</b> I confirm that I have referred to the Guidelines for Public Events.	* By entering your name you acknowledge you are responsible for this notification.
<b>Date:</b>	/     /

## Office Use Only: File – 26/01/0004

<b>Event Classification</b> (as per attached):		File Refs:	I	O
<b>The above event is APPROVED subject to compliance with the Health (Public Buildings) Regs. 1992.</b>	Officer Name:	EDO:	Date:	/     /
		CDO:		
<b>The above event requires PART B (reverse) to be completed.</b>	Officer Name:		Date:	/     /

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## PART B

Information Required	Your Response						
<b>ACCESSIBILITY:</b>							
<b>ACTIVITIES</b> (please list):							
<b>ALCOHOL:</b>							
<b>APRA</b> (music licence):							
<b>ATTENDANCE EXPECTED:</b>							
<b>ELECTRICAL ITEMS</b> (please list):							
<b>ENTERTAINMENT:</b>							
<b>FIRST AID:</b>							
<b>FOOD:</b>							
<b>NOISE:</b>							
<b>PARKING:</b>							
<b>POLICE</b> (advised):							
<b>RISK MANAGEMENT PLAN :</b>							
<b>SECURITY/CROWD CONTROL:</b>							
<b>SHELTER/LIGHTING:</b>							
<b>SITE PLAN</b> (attached):							
<b>TEMPORARY STRUCTURES</b> (list types / sizes m2):							
<b>TOILETS:</b>							
<b>TRAFFIC MANAGEMENT</b> (attached):							
<b>WASTE REMOVAL:</b>							
<b>WATER:</b>							
<b>OTHER COMMENTS:</b>							
<b>Signed (Event Organiser)</b> I confirm that I have referred to the Guidelines for Public Events. * By entering your name you acknowledge you are responsible for this notification.							
<b>Date:</b>	/ /						
<b>Office Use Only: File – 26/01/0004</b>							
<b>Event Classification</b> (as per attached):	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">File Refs:  </td> </tr> <tr> <td></td> <td style="text-align: center;">O</td> </tr> </table>		File Refs:		O		
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