

Request for First Aid Cover

Please complete and return this form to the address at the bottom of this sheet as soon as possible to allow us to provide the appropriate level of cover for your event.

Organisation:
Name of Event:
Location of Event:

Contact Name (Mr/Mrs/Miss/Ms):	
Address:	
Postcode:	
Telephone Number:	Daytime
	Evening
	Fax
	Mobile

Assistant/Secondary Contact Name (Mr/Mrs/Miss/Ms):	
Telephone Number	Daytime
	Evening
	Mobile

Date(s) required	Event Times		Cover Required		Level of Cover Required (Please tick)
	Start	Finish	Start	Finish	
Sun					First Aider
Mon					EMT*
Tue					Paramedic*
Wed					Nurse
Thu					First Aid Car
Fri					Motorcycle*
Sat					AED*

* Not currently available

Please note, the following items are useful for our planning of the event if they are available:

- > Site Map (Preferably to scale) and/or directions to the site
- > A timetable for the event or event plan
- > Details on the availability of running water/electricity points/landline telephone

Organisers signature:..... Date:.....