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| --- |
| **Contact Details** |
| Club/Society: |  |
| Name and committee member position: |  |
| Student number: |  |
| Email: |  |
| Mobile: |  |
| **Details of event** |
| Name and type of event: |  |
| Proposed date(s): |  |
| Proposed start and end times: |  |
| Proposed location(s): |  |
| Number of people involved: *(please outline how many organisers and participants)* |  |
| Description of the event: (*Please include a detailed breakdown of what is involved and any equipment/materials etc.)* |  |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Office Use Only** |
| Risk assessment completed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Copy attached? Y / NCovered by HUU insurance? Y / NDate approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Date request sent to URS Office: |  |
| Sent for comment by URS Office to:(Please insert comments against your name)  |  |
| Date approved by URS Office: |  |
| Date confirmation sent to Security Office: |  |

Event Permission Request Form

This form must be completed in full and submitted no later than

2 clear weeks before the date of the event.