**London Borough of Barking and Dagenham**

**Emergency Services Event Summary Sheet**

This form must be submitted for approval 2 months before your event

|  |  |
| --- | --- |
| **Name of event**  |  |
| **Event location** |  |
| **Event date/s** |  |
| **Start time**  |  |
| **Finish time** |  |
|  |  |
| **Name of organisation**  |  |
| **Event organiser/s** |  |
| **Daytime contact/s****(include landline and mobile)** |  |
| **Public enquires contact number** |  |
| **Email/s** |  |
| **Address** |  |
|  |  |
| **Brief description of event including any high-risk activities** |  |
| **Target audience profile** |  |
| **Emergency vehicle gate (name, address and postcode)****Emergency access/egress point if fenced in (name/description)** |  |
| **RVPs (give 2 options) if site is evacuated** |  |
| **Name of security company** |  |
| **Name of first aid provider** |  |
| **Please tick what applies to your event** |
| Licensed (Premises Licence) |  | Licensed (TEN) |  |
| Alcohol served/on sale |  | Gas on site (if so please include locations in EMP) |  |
| Road closure (full or rolling) |  | Traffic diversion or possible disruptions |  |

**Finish time each day**