



SPECIAL EVENT APPLICATION FORM

2011-2012

- This form must be completed, where LSV Members are involved in any activity and identified as Surf/Lifesavers, outside of "normal" Club/LSV Carnival activity. These events might be: Triathlons, Endurance Events, Marathons, Displays and all other events that include a water safety component.

Process:

- Please print clearly and return to LSV one month prior to event for endorsement
- For major club fund raising events such as swims and runs, in most cases an LSV authorized officer will meet with the event Director prior to commencement and ensure all safety precautions approved on **this** Application Form have been met
- When satisfied, the authorized officer will sign the form

Important Information:

Since October 2009, Club fund raising events such as swims and runs with competitor numbers up to 5000 have incurred a fee for each competitor.

Fees for 2010/2011 for Victoria were 97 cents per competitor inclusive of GST and Stamp Duty. **(2011/2012 fees are yet to be set)**

For festival type events, contact the Insurance Company.

Fees do not apply when clubs are providing water safety only to an outside organization.

Invoicing – The club must inform the Insurance Company of competitor numbers during the week following the event and the invoice will be sent directly to the club.

Jardine Lloyd Thompson Pty Ltd
Contact: John Provan. John.Provan@jlta.com.au

Guidelines:

- Medical Stations to be provided at finish area
- Medical stations to be situated at each changeover point and a maximum 4km apart in a run section and should include:
 - Shaded areas
 - Drinks and food
 - First Aiders with kits and cooling items
 - Equipment eg. Resuscitation units
 - Communications eg. Radio or telephone
- Water Safety:
 - 5 competitors per Board or Ski
 - 0 – 25 competitors: 1 IRB
 - 26 – 50 competitors: 2 IRB's
 - 51 – 75 competitors: 3 IRB's
 - 76 – 150 competitors: 5 IRB's
 - 151 – 300 competitors: 7 IRB's

- **Please supply map of course layout**



Please attach additional information if space is not sufficient.

1. Event details

Name of event:	
Start date:	Venue:
Start time: AM/PM	Finish time: AM/PM
Conclusion date: <i>(if not the same as start date)</i>	
Type of event <i>(please tick)</i> :	
A <input type="checkbox"/> Triathlon	
B <input type="checkbox"/> Swim	
C <input type="checkbox"/> Marathon	
D <input type="checkbox"/> Aquatic safety supervision e.g. Lifeguard / lifesaver water supervision	
E <input type="checkbox"/> Community education program e.g. school / community surf awareness lecture	
F <input type="checkbox"/> Non-approved surf carnival or event <i>(brief description)</i>	
For category A and B detail the scope/scale of your involvement	
Are public roads to be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the event been held before?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Details of the Applying Club/Party *(please fill in all sections to allow ease of contact)*

Name of applying club:		
Name of applying officer:		
Address:		
Town:	State:	Postcode:
Phone <i>(home)</i> :	Phone <i>(work)</i> :	
Phone <i>(mobile)</i> :	Fax:	
Email:		



3. Insurance

Attach copy of insurance policy for the event (if applicable). Has the SLSA Insurance Broker provide advice on this event?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what was the advice?	

4. LSV Club Support Details

Other Clubs supporting:	
Club contact person:	
Phone (home):	Phone (work):
Phone (mobile):	Fax:
Email:	
Water Safety	
Contact person:	
Phone (home):	Phone (work):
Phone (mobile):	Fax:
Email:	
Medical/First aid	
Contact person:	
Phone (home):	Phone (work):
Phone (mobile):	Fax:
Email:	

5. Leg/s to be Assisted/Conducted by the Club/Group

Order and distance of legs:		
		km
		km
		km
		km
Total Event Distance		km



6. Number and Age Restrictions of Competitors/Attendees

		Approximate numbers
Competitors/attendees	LSV members only	
	LSV members and public	
	Total (max) entries allowed	
Age restrictions	Minimum (years)	
	Maximum (years)	

7. Safety Equipment

Lifesaving equipment involved <i>(please indicate number)</i>			
Helicopter rescue service		Jet/ Rib/Offshore rescue boat	
First aid kits		Rescue boards	
Surf skis		Vehicles	
Radios		IRB's	
Air viva units		ATV's	
Defibrillators		RWC's	
Spinal Boards		Other rescue equipment <i>(specify)</i>	

8. Number of SLSA Club Officials/Members

Total number of SLSA club officials/members (etc.) involved	
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9. Number of Stations

Total number of:	Stations manned by doctors	
	Stations manned by first aid personnel	
	Drink stations	
	Other, please specify	
Total stations		



10. SLSA Instructor / Personnel in Charge (Only fill out for Category E events)

Name:	
Address:	
Town:	State: Postcode:
Phone (home):	Phone (work):
Phone (mobile):	Fax:
Email:	
SLSA awards held:	
Type of group (please tick):	<input type="checkbox"/> Primary school
	<input type="checkbox"/> Secondary school
	<input type="checkbox"/> Special needs
	<input type="checkbox"/> Community group (specify)
No. of participants in the group:	
Special requirements:	

11. Other Non-SLSA Persons / Groups Involved

Name of non-SLSA persons / groups involved	
No of non-SLSA persons / groups involved:	
First aid:	
Marshals:	
Radio communications:	
Other (specify):	
Total number of persons:	
Are these persons covered by voluntary personal accident insurance? (please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No



12. Notification / Permits / Permission

Have you notified and obtained permission / permits from the following bodies? <i>(please tick)</i>		
Police	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If 'No', when?
Local government	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If 'No', when?
Transport department	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If 'No', when?
Local hospital casualty department notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If 'No', when?
Local ambulance notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If 'No', when?
Other, please specify:		

13. SLSA Race Referee / Safety Director

Name of designated race referee on behalf of your club:	
<i>(First name)</i>	<i>(Last name)</i>

14. Club Endorsement *(to be signed by Club President)*

Club name:	
Name, position and signature of club management contact	
Name:	
Position:	
Signature	
Date:	



15. State Endorsement

State Name: Victoria		
Name, position and signature of State contact		
Name:		
Position:		
Signature		
Date:		
Appropriate comments or conditions of approval:		
Does the event comply to LSV conditions for the conducting of special events? <i>(please tick)</i>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If 'No', why not?

16. TO BE SIGNED ON DAY OF EVENT

As duly authorized officer of Life Saving Victoria I have inspected all aspects listed with regard to safety criteria requirements			
Approved:	Yes	No	(Please circle one)
Name:			
Position:			
Signature			
Date:			
Comments:			