



SLIGO CIVIL DEFENCE

Non Emergency Event Coverage Application Form

Applicant's name (group): _____

Address: _____

E-Mail address (if available): _____

Tel: No. : _____ Mobile No. : _____

Nature of event: _____

Venue: _____

Service required: _____

Date: _____ Event start time: _____ Event finish time: _____

Contact person on site: _____ Mobile No.: _____

Safety officer: _____ Mobile No.: _____

First aid duty

Designated location for first aid/ambulance: _____
(if not mobile throughout event)

Name of local Doctor (in case of emergency) : _____

Informed event is taking place Yes _____ No _____ Tel. No.: _____

All duties

Catering arrangements for Civil Defence volunteers – be it light refreshments / main meal

(Please note duties of 4 hours or more must include a main meal for volunteers)

In order to process application and arrange type of cover required for event, applications should reach the Civil Defence office a minimum of 4 weeks before the event date

All applications must be accompanied by a copy of the event Safety Plan and Insurance Certificate.

Return application form to Civil Defence Office, Unit 6, Cleveragh Retail Park, Sligo

SIGNED _____ DATE _____