

Fundraising Event Plan



Event Name:

Date:

Start Time:

End Time:

Location:

Summary of Event:

Geographical information (attach maps if necessary):

Schedule:

Time	Action	Location	Stewards

Health and Safety info

(including extended Public Liability Insurance):



Have you secured Public Liability Insurance?

If you are unsure whether you need public liability insurance please contact Emma, our Community Fundraising Manager, on emma.damian-grint@tuberous-sclerosis.org / 0114 270 1723

Name of the provider:

Have the emergency services been contacted?

Name and contact details at the emergency services:

Have you completed a Risk Assessment?

Additional health and safety information:

Contact Information:

Event organisers

Name: Name:

No: No:

Email: Email:

Staff contact at charity:

Name: Position:

No.: Email:

Address:

Additional important contacts (including police, suppliers and partner organisations):

Name: Position:

No.: Email:

Name: Position:

No.: Email:

Risk Assessment Form

Persons at Risk (please tick): Children <input type="checkbox"/> Public <input type="checkbox"/> Visitors <input type="checkbox"/> Others <input type="checkbox"/> *please specify:				
Risk Rating: (H) High (M) Medium (L) Low (0) No Risk			Environment:	
Activity:				
Significant Hazard	Risk	Initial Risk Rating	Existing / Proposed Control Method	Final Risk Rating
Comments			Overall Risk	
Additional References, Task ETC				
Undertaken by:			Contact Details:	
Staff member at charity consulted:			Contact Details:	
Other persons consulted:				
Date:			Signed:	