

Medium Event Management Plan for events with a planned activity and no alcohol present

*Abridged Event Management Plan*

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| **Medium Event Criteria:**A medium event is one with ANY of the following features:* More than 50 people but less than 250 people invited
* Alcohol is being served in a licensed venue providing staff and security
* No underage guests if alcohol is served
* Planned activity (including physical which may result in personal injury)

**Note:** There are **2 medium event forms** this is the form for anevent **NOT INCLUDING ALCOHOL –** please check you arecompleting the correct one | **Office Use Only****Date received:****Received by:****Approved by:** **Comments:** |
| This form must be completed at least **4 weeks prior** to an event.This form must be scanned and submitted to events@guild.uwa.edu.au or printed and handed in at the UWA Student Guild Events Office.*Please ensure that* ***all*** *criteria are filled before submitting the application.* |
| **SECTION 1: EVENT DETAILS****1.1 Event Details**  |
| **Club Name: *UniGames*** |
| **Event Name: *Perth* *Escape Hunt***  |
| **Event Location/Venue:*****Escape Hunt Fremantle*** | **Venue Type** (stadium, hall, art gallery, etc)***Business/Game Event Space*** |
| **Expected Attendance (max)****24** | **Venue Capacity****30** |
| **Event Date *27-05-15***Start Date: ***27-05-15***End Date: ***27-05-15*** | **Event Time *4:00 hours***Start time: ***17:00***End time: ***21:00*** | **Set up/Clean up Time**Start time: ***16:45***End time: ***21:10*** |

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| **1.2 Event Manager** |
| **Event Manager** Name: ***Sarah Lewis***Email Address: ***21301124@student.uwa.edu.au***Contact Number: ***0409 658 665***Contact Number during the event: ***0409 658 665*** |
| **Alternate Person’s Contact Details**Name: ***Steven Correia***Email Address: ***20524998@student.uwa.edu.au***Contact Number: ***0478 037 767*** |
| **First Aid Officer** |
| **Will you have an onsite First Aid Officer? (required for all events including a physical activity)*****Not required – Escape Hunt have their own first aid trained staff*** **Yes No** |
| **First Aid Officer 1 details:**Name:Email Address:Contact Number:Contact Number during the event:**First Aid Officer 2 details:**Name:Email Address:Contact Number:Contact Number during the event:***Please note you will need to send through Valid first Aid Certificates for all First Aiders onsite*** |
| **Please confirm the following:*** The First Aid post will be clearly identifiable
* The First Aid post will be equipped with a complete First Aid Kit
* Your first aiders will be onsite for the duration of the event
* Your first aiders know the closest ambulance access point
* If on campus that your first aiders know to contact security 6488 3020 if an ambulance is

called |

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| **1.3 Description of the Event** |
| **Describe the event and its main purpose*****The event allows club members to engage in three different practical puzzles in groups in order to ‘escape’ different rooms in the Escape Hunt centre. The purpose of the event is recreation in line with our club’s interests.*** |
| **List details of the type of activity involved:**

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| **Activity Name** | **Description** |
| ***Escape Hunt***  | ***Groups solve puzzles to ‘escape’ 3 different rooms as quickly as possible.*** |
| ***Board games*** | ***Board games provided for groups that are waiting to use an Escape Hunt room to use.*** |
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**Additional Comments** |

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| **1.4 Patron Details** |
| **Who is the target audience?*****UniGames club members; people interested in traditional/problem-solving games*** |
| **Are there <18 attendees?** **Yes*****No*** |
| **Patron Age Details – Please state an estimated number of attendees in each age bracket:** < 18 No. of total audience:18 – 25 No. of total audience: ***20-24***25 – 29 No. of total audience:30 – 39 No. of total audience:40+ No. of total audience: Non UWA Students No. of total audience:Please provide details of the non UWA students expected to be in attendance: |
| **How will you ensure that each participant is both mentally and physically fit to complete the activities involved? (i.e. pre-registration/consent forms)*****Participants will be made aware of what the activities entail via event promotion, and upon sign-up will be required to fill out a registration and consent form.*** |

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| **SECTION 2: GENERAL CONSIDERATIONS****2.1 Alcohol** |
| **Will alcohol be available at the event?*****Please note that if alcohol is available and there is a physical activity involved you will be required to complete a Major Event Management Plan******No – Alcohol will not be served or consumed at the event***No**Yes** – Alcohol will be sold or supplied by the licensed venue.  |
| **As an alcohol free event please explain how you will manage the following:*** Guests who arrive with BYO alcohol:

***Guests will be turned away from the event, or their alcohol will be confiscated and stored**** Guests who arrive intoxicated:

***Guests will be turned away from the event. The police or ambulance will be called if necessary*** |

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| **Has the event manager or any other event staff completed any training modules? *Yes***  **No**If yes, please list:

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| Name (first, last) | Date Completed | Training and Provider  |
| *e.g. Joe Bloggs* | *17/03/14* | *RSA - APSI* |
| ***Sarah Lewis*** | 8/04/15 | UWA Guild Leadership training |
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| **2.2 Public Liability** |
| **Have you investigated public liability and duty of care issues and obtained appropriate insurance for the event?****No*****Yes – Our Club is affiliated with the Guild therefore after approval, our event is covered by Guild’s Insurance Policy*****Yes** – The event is covered by the University’s Insurance Policy**Yes** – otherIf other, please state: |

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| **SECTION 3: PLANNING THE EVENT****3.1 Venue Details** |
| **Venue address (if off campus):**U29A/36 The Piazza, South Terrace, Fremantle 6160 |
| **Please confirm that the venue is fit for purpose i.e. is suitable for the activity that you have planned:*****The venue is set up specifically to host these events.*** |
| **Have you advised the venue of the activities you have planned:** ***Yes*** **No** |
| **Are there modifications required to the venue for the duration of the event? (i.e. movie screen)*****No* Yes**If yes, please state: |
| **Do you require power, if so have you researched your requirements and the venues power availability:** **Yes *N/A*** |
| **As an event manger, have you made yourself familiar with the necessary evacuation plans and housekeeping rules required by the venue?*****Yes*****No** |
| **3.2 Requirements****Subiaco Council** |
| **Have you researched and applied for the relevant Subiaco Council permits:*** Food Permit Yes N/A

(see Guild website – other forms for details regarding when this is required) ***N/A**** Electrical Certification (Form 5) ***N/A***
* Form 1 ***N/A***
* Form 2 ***N/A***
* Structural Certification ***N/A***

Comments: |
| **Licensing** |
| **Have you research and applied for any additional licenses required (such as movie rights) if so please list below:***
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| **3.3 Event Promotion and Ticketing** |
| **What is the focus or purpose of the event?** (For example, family run, social function, sporting contest, musical entertainment)***The focus of this event is the participation of club-members in completing the three different puzzle-rooms provided by Perth Escape Hunt.*** |
| **How is this explained in the promotion and publicity for the event? (how have ensured they are aware of the action involved in each activity)*****The event is specifically organised around attending the Perth Escape Hunt centre in Fremantle in order to participate in their provided activities.*** |
| **Describe the communication mediums used to publicise and promote this event, i.e. where is the event to be publicised and promoted?**This includes social media and print media. ***Event will be promoted via posters in the clubroom, a Facebook event connected to the club’s FB group, and via an email sent to the club’s mailing list.*** |
| **How much will entry/participation in the event cost patrons?** **$25****What is included in this price?*** ***Three game rooms***
* ***UniGames board games in communal waiting room***
* ***Complimentary water***
* ***Attendees may bring their own snacks***
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| **SECTION 4: CONSULTATION WITH KEY STAKEHOLDERS****4.1 Stakeholder Register** |
| **List the names of individuals and organisations you have consulted with in planning this event.**

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| Stakeholder | Contact Name | Contact Number |
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| UniGames | Sarah Lewis | 0409 658 665 |
| Perth Escape Hunt | Dave Pearson | 0435 426 044 |
| UWA Student Guild | Chloe Jackson | 6488 5340 |
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| **SECTION 5: EVENT AUDITING AND COMPILE A FILE****5.1 Event Auditing and File Compilation** |
| **Events may be audited by UWA to ensure they comply with the relevant University policies and state legislations. Therefore, you are required to keep documents and information**.**Has a filing system been established?*****Yes*****No****Who is responsible for maintaining the file? Name: *Sarah Lewis*** |

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| **SECTION 6: ACCEPTANCE****6.1 Declaration and Signature** |
| **I agree to comply in all respects with the conditions and regulations for organising and running an event both on and/or off the University campus.****Event Manager: *Sarah Lewis*****Signature:****Date:** |

**Please Note if your event involves a Physical Activity you are required to complete a Risk Assessment Form**