

Application for Involvement in a Special Event

This form must be completed, where SLSQ Members are involved in any activity and identified as Surf Lifesavers, outside such **NORMAL Club/SLSQ Carnival activity**. These events outside normal Club/SLSQ activity might be:

Endurance Events, Triathlons, Marathons, Displays and all other events that include a water safety component.

- Please print clearly.
- Please attach additional information if space is not sufficient.
- Save the application as a new file once complete
- Send the form to specialevents@lifesaving.com.au or click the submit button at the end of the form.

1. Event Details

| Name of Event: | | | | |
|--|-----------------|---------|--|--|
| Date: | | | Start Time: | |
| If over multiple days a day | ttach details f | or each | Finish Time: | |
| Provide a detailed description of the event: | | | | |
| ENSURE YOU ATTACH A MAP OF SLS ACTIVITY LOCATION | | | | |
| Location: (include details if multi-location event, ensure to attach maps etc) | | | | |
| Are public roads to be used: | ☐ YES | □NO | UNKNOWN | |
| Has the event been held before? | ☐ YES | □NO | ☐ UNKNOWN | |
| Number of Persons Attending | | | Number of people participating or being serviced | |



| | Order an | d Distance of | Legs | |
|--|---|---------------|------------------|------------------------|
| | | | | KM |
| TOTAL I | EVENT DISTANCE | | | KM |
| General Description of Involvement with leg(s): | | | | |
| 2. Details of Evenue NOTE: If the special even Ltd, enter their details. | nt Manager/Orga ent is being organis | | le a triathlon b | eing run by ABC Pty |
| SLSQ/SLSC OPERATED | SPECIAL EVENT: | ☐ YES | □NO | |
| If an SLSC Operated Ev | ent, are any SLS M | embers receiv | ving any remu | neration or reward for |
| their involvement: | | YES | □NO | |
| Is an SLSC Operated Ev | vent has considera | tion heen aiv | en for whethe | r the event is |
| considered to be of a ' | | _ | _ | |
| Contracted Service: | | YES | ∏NO | |
| | | | | |
| Event Manager or | | | | |
| Organisation | | | | |
| Address: | | | | |
| Name of Contact: | | | | |
| Address: | | | | |
| Office Number: | | | | |
| Mobile Number: | | | | |
| Email Address: | | | | |



3. SLSQ/SLSC Level of Involvement

Provide a detailed description of the level of SLSQ/SLSC involvement in the event: (For example, if SLSQ members are providing first aid, or water safety or advisory services)

4. Insurance

NOTE: For <u>NON SLSQ</u> operated special events, you **MUST** provide a copy of a valid public liability policy for the event, prior to **ANY** SLSQ engagement of endorsement for the event



5. SLSQ Club Details

| Name of Club | |
|----------------------------|-----------------------------------|
| Club Contact Person | |
| Address: | |
| Office Number: | |
| Mobile Number: | |
| Email Address: | |
| Other Clubs Involved: | |
| | |
| Water Safety (Person re | esponsible at the event) |
| Contact Person | |
| Office Number: | |
| Mobile Number: | |
| Email Address: | |
| Medical/First Aid (Perso | on responsible at the event) |
| Contact Person | |
| Office Number: | |
| Mobile Number: | |
| Email Address: | |
| | |
| Alternate Contact for th | e SLSC team (Person at the event) |
| Contact Person | |
| Office Number: | |
| Mobile Number: | |
| Email Address: | |



6. Number and Age Restrictions of Competitors/Attendees

| | | Approximate Numbers |
|-----------------------------|-----------------------------------|---------------------|
| Competitors/Attendees | SLSQ Members ONLY | |
| | SLSQ Members and Public | |
| | Total (max) entries allowed | |
| Age restrictions | Minimum (years) | |
| | Maximum (years) | |
| Total number of SLSQ offici | ial/members involved in supportin | g the event |

7. Safety Equipment

| Lifesaving Equipment Involved (Please indicate number) | | | | | |
|--|--|--|----------------------------------|--|--|
| Helicopter Rescue Service | | | Jet/RIB/Offshore Rescue Boat | | |
| First Aid Kits | | | Rescue Boards | | |
| Surf Skis | | | Vehicles | | |
| Radios | | | IRB's | | |
| Oxy-Viva Units | | | ATV's | | |
| Defibrillators | | | RWC's | | |
| Spinal Boards | | | Other rescue equipment (specify) | | |
| Other Rescue Equipment: | | | | | |

8. Number of Stations

| Total Number of: | |
|--|--|
| Stations manned by a doctor | |
| Stations manned by first aid personnel | |
| Drink Stations | |
| Other (please specify): | |



9. Other Non-SLSQ Persons or Groups Involved

| | Primary School Special Needs | ☐Secondary Schoo☐Community Group | | please speci | fy) |
|---|---------------------------------|----------------------------------|--------|--------------|-----|
| Details of Other | | | | | |
| Number group participants: | | | | | |
| Special Requirements: | | | | | |
| Details of Other Groups In | volved: | | | | |
| First Aid: | | | No. of | Persons: | |
| Safety Marshals: | | | No. of | Persons: | |
| Radio Communications | | | No. of | Persons: | |
| Other (please specify) | | | No. of | Persons: | |
| Are these persons covered by voluntary personal accident insurance? ☐ YES ☐ NO ☐ UNKNOWN | | | | | WN |



13. Notification/Permits/Permission

| Have you or the event organisers obtained permits or permissions from the relevant bodies; or notified them of the event? (Include details where possible) | | | | | |
|--|---|---------------------------------------|--|--|--|
| Queensland Police So | | SSIDIE YES NO NOT APPLICABLE | | | |
| Details: | | | | | |
| If No, when? | | | | | |
| Local Government/C | ouncil: | ☐ YES ☐ NO ☐ NOT APPLICABLE | | | |
| Details: | | | | | |
| If No, when? | | | | | |
| Department of Trans Safety Queensland) | sport and Main Roads (Includes Maritime | ☐ YES ☐ NO ☐ NOT APPLICABLE | | | |
| Details: | | | | | |
| If No, when? | | | | | |
| Queensland Ambula | nce Service | ☐ YES ☐ NO ☐ NOT APPLICABLE | | | |
| Details: | | | | | |
| If No, when? | | | | | |
| Queensland Fire and | Emergency Service | ☐ YES ☐ NO ☐ NOT APPLICABLE | | | |
| Details: | | | | | |
| If No, when? | | | | | |
| Local Hospital (A&E | or Casualty Departments) | │ | | | |
| Details: | | | | | |
| If No, when? | | | | | |
| Other: (Please specif | у) | ☐ YES ☐ NO ☐ NOT APPLICABLE | | | |
| Details: | | | | | |
| If No, when? | | | | | |



14. Risk Management (Rate the Risk using the Matrices on the following pages)

| Detail the risks and hazards th | nat SLSQ members maybe exposed to as we | ll as what contr | ols, managemer | nt or mitigation | strategies that you intend to implement (Con | tact SLSQ State Office for Assis | tance) |
|--|---|------------------|----------------|------------------|--|----------------------------------|---------------|
| Risk or Hazard | Risk | Likelihood | Consequence | Rating | Suggested Control or Risk Mitigation | Person(s) Responsible | Due Date |
| Slip, Trip and Fall Hazard- objects in front of marquee entry | Serious injury to SLSQ member | Possible | Moderate | Medium 52 | Members to be situational aware, remove any obstructions etc | All members | Date of Event |
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| Consoquence by | | | | | SAVI |
|-------------------------|---|---|--|---|--|
| Consequence by Risk | Insignificant | Minor | Moderate | Major | Catastrophic |
| Strategic | or regulatory obligations, Little to no cost implications for | Public and stakeholders uninterested or undecided but accepting of information/ decisions, Moderate, non- deliberate, breach of procedure, contract or regulatory obligations, Minimal site impact easily containable, Environmental impact report is required, Regulator imposing a low statutory penalty, Low cost implications for SLSQ. | regional level and loss of trust and confidence in operations on a particular issue (non life threatening, Action results from commercial loss (regulator imposing a moderate statutory penalty, moderate cost implications able to be | national level by public and loss of trust and confidence in operations on a particular issue, Actions resulting from an impact on the public (the public bringing legal action; not a class action, regulator imposing maximum statutory penalty, major cost implications that the organisation will need to seek additional funding to meet, major breach of Contract, regulatory or common law obligations that impacts on a individual / discrete organisation of the community), Long term or permanent damage to habitat or environment. Penalties or | or stakeholders and/or including all levels of Government leading to a loss of trust and confidence impacting whole of operations, Actions resulting from an impact on the public (the public bringing class action, major cost implications unable to be met by SLSQ, major breach of contract, regulatory or common law obligations that impacts on a region of the community), Substantial permanent damage |
| Operations | Injury requiring first aid, Minor skills impact, Minor damage or vandalism to asset, Minimal impact on noncore business operations. The impact can be dealt with by routine operations, corrective action and training. | Injury or illness requiring medical treatment or becomes a Lost Time Injury, Minor impact to capability, Minor damage or loss <2.5% of total assets, Some impact on business areas in terms of delays, systems quality but able to be dealt with at operational level, process modification and skills development | specialist medical treatment, Unavailability of core skills affecting services, Damage or loss of <12.5% of total assets, Impact on SLSQ resulting in reduced performance such that | multiple serious injuries, Unavailability of critical skills of personnel, Extensive damage or loss <30% of total assets, Breakdown of key activities leading to reduction on performance, Survival of the project/activity or SLSQ is | Single fatality (inside flags), multiple fatalitites Protracted unavailability of critical skills/people, Destruction or complete loss of <50% of asset, Critical failure(s) preventing core activities from being performed, The impact threatens the survival of the project or SLSQ. |
| Finacial (Gain or Loss) | Minor impact on project budget | 1% of project budget | 1%-5% of project budget | 5%-10% of project budget | Exceeds 10% of project budget |
| Information | otherwise available in the public | Minor compromise of information sensitive to internal departments or specific club | Compromise of information sensitive to SLSQ's operations | Compromise of information sensitive to SLSQ's interests | Compromise of information significant ongoing impact |

| Likelihood | Qualitative | Quantitative | Ratio |
|----------------|---|--|----------------------|
| Almost Certain | Is expected to occur in most circumstances | Has occurred on an annual basis in SLSQ in the past or the circumstances are in train that will cause it to happen | More than 1 per year |
| Likely | Will probably occur in most circumstances | Has occurred in the last few years in SLSQ or has occurred recently in other similar organisations or circumstances have occurred that will cause it to happen in the next few years | Once per year |
| Possible | Might occur at some time | Has occurred at least once in the history of SLSQ or is considered to have a 5% chance of occurring in the next few years | 1 in 10 years |
| Unlikely | Could occur at some time | Has never occurred in SLSQ but has occurred infrequently in other similar organisations or is considered to have a 1% chance of occurring in the next few years | 1 in 50 years |
| Rare | May occur only in exceptional circumstances | Is possible but has not occurred to date in any similar organisation and is considered to have very much less than a 1% chance of occurring in the short term | 1 in 100 years |



| | Consequences | | | | | | | | |
|----------------|---------------|--------|----------|----------|--------------|--|--|--|--|
| Likelihood | Insignificant | Minor | Moderate | Major | Catastrophic | | | | |
| Almost Certain | Medium | High | Critical | Critical | Critical | | | | |
| | 40 | 48 | 72 | 84 | 100 | | | | |
| Likely | Low | Medium | High | Critical | Critical | | | | |
| | 24 | 44 | 56 | 80 | 96 | | | | |
| Possible | Low | Low | Medium | High | Critical | | | | |
| | 12 | 28 | 52 | 76 | 92 | | | | |
| Unlikely | Low | Low | Low | Medium | High | | | | |
| | 8 | 20 | 36 | 64 | 88 | | | | |
| Rare | Low | Low | Low | Low | Medium | | | | |
| | 4 | 16 | 32 | 60 | 68 | | | | |

| <u>Risk Level</u> | Risk Acceptance/Tolerability | Strategic Action Plan/Risk Mitigation Strategy | | |
|-------------------|---------------------------------|---|--|--|
| Low (4-60) | Acceptable with periodic review | Manage by routine procedure | | |
| Medium (40-68) | Tolerable with periodic review | Exposure to risk may continue provided it has been appropriately assessed, has been mitigated to "So Far As Reasonably Practicable", and is subject to periodic review to ensure that risk does not increase. It would be appropriate that measures to achieve long term further reduction to the risk be considered. | | |
| High (48-56) | Tolerable with continual review | Unnecessary exposure to the risk must be discontinued as soon as it is reasonably practicable and continued exposure would only be considered in exceptional circumstances. Risk controls must be applied as part of a documented risk management plan that is continuously reviewed. | | |
| High (76-88) | Intolerable without treatment | Exposure to risk should be discontinued to as soon as reasonably practicable. Risk controls must be applied as part of a documented risk management plan that is continuously monitored and reviewed. | | |
| Critical (72-100) | Intolerable | Exposure to this risk would normally be immediately discontinued except in extreme circumstances. The decision to tolerate risk must be made by the Senior Management Group, the CEO and the Board after being subjected to as much risk management rigour as practical, unless dire operational needs preclude so. | | |

15. Special Conditions of Comments

| Detail any Additional Information or Comments | | | | | | |
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16. Club Endorsement

| Name: | | | | | | | |
|---|---|-----------------------|---------|-----------------------------------|--|--|--|
| Position: | | | | | | | |
| Club: | | | | | | | |
| Date: | | | | | | | |
| Club Obligations: | The club confirms that involvement in this special event will not adversely impact on any patrol or contractual obligations that exist for the club | | | | | | |
| Signature: | | | | | | | |
| 17. Branch Notification | | | | | | | |
| Name: | | | | | | | |
| Position: | | | | | | | |
| Branch: | | | | | | | |
| Date: | | | | | | | |
| Signature: | | | | | | | |
| 18. Special Event Permit Reference Number (Admin & Compliance Use Only) | | | | | | | |
| Name: | | | | | | | |
| Position: | | | | | | | |
| Department: | | | | | | | |
| Date: | | | | | | | |
| Signature: | | | | | | | |
| Averaging out the risk rating using the completed risk assessment, detail the overall average risk rating | | | | | | | |
| Special Event Application | | | | | | | |
| APPLICA: APPROV | | APPLICATION DENIED | | PENDING FURTHER INFORMATION | | | |
| Special Event Application Approval Number | | Date Approva | l Sent: | | | | |