Request For First Aid Coverage

 **Please complete form and return to fax 8922 6259 or email to** **volunteeroffice@stjohnnt.asn.au**

 **For further information please contact 8922205**

**ORGANISATION INFORMATION / INVOICE DETAILS**

|  |  |
| --- | --- |
| Name of Organisation |  |
| Contact Person |  | Position |  |
| Postal Address |  |
| City / Town |  | Postcode |  |
| Business Phone |  | Mobile |  |
| Home Phone |  | Fax |  |
| Email |  |

**EVENT INFORMATION**

|  |  |
| --- | --- |
| Name of Event |  |
| Location of Venue |  |
| Description of Event |  |
| Date(s) |  |
| Will alcohol be available or sold? |  |
| Event Start Time |  | Event Finish Time |  |
| St John ON duty at |  | St John OFF duty at |  |

**LEVEL OF FIRST AID COVER – PLEASE CIRCLE REQUIRED LEVEL**

|  |  |  |
| --- | --- | --- |
| Vehicle Type | Personnel | Equipment Charge |
| Clinic Vehicle*No stretcher* | First Responder | On receipt of request a quote will be supplied |
| First Aid Vehicle*(Includes stretcher)* | First Responder |
| ***If Ambulance level is required we will endeavour to cover your request by providing Volunteer Ambulance Officers. However as we have a limited number of qualified volunteer personnel it may be necessary to pay for a Paramedic Crew******(A quote can be arranged upon request)*** |

*All vehicles need a reserved parking area. Some vehicles will require access to power.*

Please return this form to St John Ambulance no less than two weeks prior to your event. O

**Please note: A late fee of $50.00 will be added to the quote with any duties that are received with less than 7 days notice.**