

St John Ambulance Australia NT - Volunteer First Aid Services  
**REQUEST FOR PUBLIC DUTY COVERAGE**

Please complete this form and return via email to [events@stjohnnt.asn.au](mailto:events@stjohnnt.asn.au)  
 For further information please contact 8922 6205



**ORGANISATION INFORMATION**

Name of Organisation			
Name of event organiser		Position	
Postal Address			
City / Town		Postcode	
Business Phone		Mobile	
Contact person on event day		Best # on event day	
Email			

**EVENT INFORMATION**

Name of Event			
Location of Venue			
Description of Event (including type of event, event history, anticipated number, atmosphere, activities at event)			
Date(s) (overnight?)			
Will alcohol be available or sold? <input type="checkbox"/> BYO Permitted <input type="checkbox"/> Licensed & limited <input type="checkbox"/> licensed & unlimited <input type="checkbox"/> uncontrolled			
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 (According to event insurance details)**

Vehicle Type	Personnel	Equipment Charge
First Aid Vehicle <i>(Includes stretcher)</i>	Volunteer Crew	\$150 per day
Clinic Car <i>(no stretcher)</i>	Volunteer Crew	\$100 per day
Paramedic Crew <i>Note: Paramedic Crews are not volunteers</i>	Paramedic Crew	Quote will be supplied based on your event requirements

*Please note charges may apply for travel, food and accommodation.  
 All quotes are subject to review and change if the provided event details change.*

The provision of a shaded area and light refreshments for our volunteers for the duration of their duty would be appreciated.

### ORGANISATION INFORMATION

We request that the following is attached if available or applicable

- Proposed route map       Tentative site layout       Schedule / program  
 Wet weather plans       List of contact numbers

Are the following on site?

- First Aid room       Telephone       Shaded areas  
 Clean drinking water       Vehicle parking

Special equipment requested (buggy, first aid signage, shaded tent structure):

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First Aid coverage is requested for

- Age Group       Participants       Both  
 Number of attendees       Spectators

If this event is longer than 4 hours or at mealtime(s) is food available on site?      YES / NO

Is complimentary food available for our volunteers?      YES / NO

If yes, please specify (i.e. coffee, tea, lunch etc.) \_\_\_\_\_

Additional information (mobile coverage availability, special comments)

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### INSURANCE DETAILS

Do you have Public Liability insurance in place for this event?			YES / NO
<i>If Yes:</i> Insurer		Policy #	
Does your insurance specify the minimum level of First Aid coverage?			YES / NO
<i>If Yes:</i> What level?			
<i>Please supply a photocopy of Insurance policy, Certificate of Currency and any Risk Assessment conducted</i>			
<i>I acknowledge that the quote provided will be based on the information provided. Should any details change, I understand that there may be a change in cost associated. It is the responsibility of the event coordinator to provide any changes to St John Ambulance as soon as available.</i>		Name and position within organization signing on behalf of:	
Signature		Date	

Please return this form to St John Ambulance no less than 14 days prior to your event day.