St John Ambulance Mid-West Event Services

Request for Event Services

Event Information				
Event Name:				
Event Date:				
Event Times:	From:		To:	
Volunteer Attendance Times:	Start:		Finish:	
Venue Name:				
Venue Address:				
			Post Code:	
Estimated Attendance: (per day if applicable)				
Alcohol Availability:	Licensed Venue: ☐	Alcohol Free Event: ☐		
18+ Event?	Yes: ☐	No: ☐		
Event Description: Please provide information that will assist us in supporting your event. Describe the various event elements/ entertainment/ activities/ sports etc.				

Event Organiser Information			
Event Organisation Name:			
Event Organisation ABN:			
Event Organisation Postal Address:			
		Post Code:	
Event organisation Contact Name:			
Phone:		Mobile:	
Email:		Fax:	
Previous Client of St John Ambulance Mid West Event Services:	Yes: ☐	No: ☐	Unsure: ☐

Invoice: As the organiser, you are liable for all costs incurred with booking our Volunteer Ambulance Officers to attend your event. If there is an alternative billing name you would like the invoice to be made out to, please provide details below, otherwise please write "As above"

Billing Business Name:			
Billing Business ABN:			
Billing Address:			
		Post Code:	
Name of Billing Contact Person:			
Phone:		Mobile:	
Email:		Fax:	

Mid West Volunteer Ambulance Officer Event Services

St John

Crew options	
Ambulance Standby: (includes 2x Volunteer Ambulance Officers and 1x Ambulance)	Yes: ☐
Paramedic Standby: (includes 2x Paramedic Officers and 1x Ambulance)	Yes: ☐
Mixed Crew: (includes 1x Paramedic Officer and 1x Volunteer Ambulance Officer and 1x Ambulance)	Yes: ☐
Venue Plan Attached: Showing medical Post Locations	Yes: ☐ No: ☐
Number of crews that your event requires:	
Confirmation needed by:	
What date do you request confirmation by St John Ambulance regarding if your event can be covered or not? Please keep in mind that coverage of your event is subject to availability of a crew. If we are unable to cover your event, we want to ensure you have sufficient time to seek event coverage elsewhere.	/ /
Facilities Available:	
Is the event to be held indoors/outdoors: (Please tick appropriate box)	Indoors: ☐ Outdoors: ☐
If the event is to be held outdoors, is there sufficient weather protection for the Ambulance crew, provided by the organiser:	Yes: ☐ No: ☐
Additional Services Available	
St John Ambulance also offers the following services: (If you are interested in having any of these services at your event, please tick the appropriate box and someone will be in touch to discuss your options)	
Kit Servicing: (No additional cost for the organiser, however there will be a cost for anyone wishing to have their kit serviced)	Yes I'm interested: ☐
First Aid Kit Sales: (No additional cost for the organiser, however there will be a cost for anyone wishing to purchase a kit)	Yes I'm interested: ☐
Interactive Demonstrations: (No additional cost for the organiser)	Yes I'm interested: ☐
Information Stand: (No additional cost for the organiser)	Yes I'm interested: ☐
Please Email the completed form to geraldton@stjohnambulance.com.au 17 Eaton Place, Wonthella WA 6530 For further information, please contact our Geraldton Team on (08) 9938 0900	