



St. Albert's College

The University of New England, Armidale NSW 2351, Australia
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EVENT REGISTRATION FORM

You are required to complete this form if you are:

- Holding an event on College grounds (non-alcoholic or alcoholic)
- Holding an event away from College grounds where you wish the College to have final responsibility

Event means:

A function/outing or party that consists of 10 or more persons which has (in any way shape or form) been organised

Please Note:

If you are holding an event i.e. floor outing etc; away from College grounds and you do not wish to complete this form, total liability will rest on the organiser of the event for any injury, damages etc.

**THIS FORM IS TO BE COMPLETED AND SUBMITTED TO THE COLLEGE
NO LATER THAN 2 WEEKS PRIOR TO THE EVENT
IF IT IS BEING COVERED BY A HOTEL LICENCE OR IS A BYO EVENT**

**IF YOU WISH THE COLLEGE TO LICENCE THE EVENT, THIS APPLICATION MUST BE
SUBMITTED 1 MONTH PRIOR TO THE EVENT TAKING PLACE**

EVENT AND USER DETAILS

Floor/Block:	
Contact Person Name:	
Room Phone:	
Mobile Phone:	
Email Address:	

Name of Event:	
Date of Event:	

NAME OF PERSON(S) IN CHARGE OF EVENT

The undersigned agree to be present throughout the event, and to be responsible for ensuring that this event is in compliance with all laws, University and College policies and rules; and to be responsible for any damage that occurs during, or as a result of, this event.

Name:	
Room Phone:	
Mobile Phone:	
Email Address:	
Signature:	

Name:	
Room Phone:	
Mobile Phone:	
Email Address:	
Signature:	

EVENT REQUIREMENTS

Frequency of Event: One off/weekly/fortnightly/monthly/annually (or attach schedule)	
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On College Campus:

Requested Location:	
Alternative Location:	

Off College Campus:

Location:	
Address:	
Contact Phone:	

Objective & Times:

Objective of this Event: (i.e: end of term celebration)	
Set Up Time:	
Time Event Begins:	
Run of Event: (i.e. pre-event drinks 6.30pm band 6.30-9.30pm - bus to Kilda 9.30pm)	
Time Event Ends	
Breakdown Time:	

Clean Up:

The following undersigned agree to be responsible for the clean-up after the event and restoring the event location to it's original condition:

Name	Contact Number (room & mobile)	Room Number	Signature

RSA Certificates

Students and staff responsible for the service of alcohol:

Name:	Current RSA Certificate: (Yes/No)

DECLARATION

I have read and understood the University of New England Student Alcohol and Other Drug Policy and confirm that this event complies with all sections of such policy. I understand that conduct of an event outside of this approval will result in restriction on future approval and may involve disciplinary action.

I have included with this Event Registration Form the following:

Risk Assessment Form

Copy of licence by Hotel (if the answer to this question on pge. 4 is yes)

Applicant:

Signature:		Date:	
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Name & Position:	
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Witnessed:

Signature:		Date:	
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Name & Position:	
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APPROVED BY MASTER OF COLLEGE

I, _____ hereby authorise the abovementioned, to serve alcohol in accordance with the UNE Student Alcohol and Other Drug Policy.

Signature:		Date:	
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RISK ASSESSMENT

- THE PROCESS -

Adopted from the WorkCover Authority Hazpak

The words 'risk assessment' really just means 'working out and recording how serious the hazards are in the activity or environment.

WHY ASSESS RISK? - it's a legal requirement

Refer Occupational Health and Safety Regulation [2001] Chapter 2, Clause 10

"The UNE Residential System has a responsibility to Assess risk in all the activities and work places." As St Albert's College is an affiliated body, we choose to also adhere to UNE's policy.

Why use an assessment method?

Many hazards will be identified in the activities planning process. We will need to plan our actions to take the next step of controlling the risks to an acceptable level.

Obviously we must deal with 'high risk' hazards first. Any delay in dealing with these is unacceptable.

How to use this assessment method?

Consider/discuss all the hazards that have been recorded on the RISK ASSESSMENT FORM, including any already known about and a control plan established.

Use the table below

Now use the table below to determine a priority number for each hazard listed as the INHERENT RISK. write a priority number next to each hazard on the Risk Assessment Form.

The numbers show how important it is to do something and an indication of the priority each hazard should have in the action plan. Now apply an appropriate selection from the Risk Controls information and re-assess the risk. Write a priority number next to each hazard on the Risk assessment form. this is called the residual risk.

The completed Risk Assessment Form is to be submitted to the Master in support of an approval process for the activity under review.

Please note that the UNE has a more complex Risk Assessment process than the HAZPAK documentation. This less complex WorkCover model has been implemented for basic Risk Assessments of College activities.

HAZPAK RISK ASSESSMENT MODEL

How severely could it hurt someone? or How ill could it make someone?	How likely is it to be that bad?			
	Very likely could happen anytime	Likely could happen sometime	Unlikely could happen but very rarely	Very unlikely could happen but probably never will
Kill or cause permanent disability or ill health	1	1	2	3
Long term illness or serious injury	1	2	3	4
Medical attention and several days off work	2	3	4	5
First aid needed	3	4	5	6
	The numbers show you how important it is to do something: 1: Top Priority: do something immediately 6: Low Priority: do something when possible			

Risk Controls

OHS Regulation 2001, imposes an obligation to eliminate risk. If not reasonably practicable, the following measures must be used to *minimise* the risk to the lowest level practicable:

- Substituting the hazard giving rise to the risk with a hazard that give rise to a lesser risk;
- Isolating the hazard from the person at risk;
- Minimising the risk by engineering means;
- Minimising the risk by administrative means (i.e. by adopting safe systems of work or providing appropriate training, instruction or information);
- Using personal protective equipment (PPE)

A combination of the above measures may be required to minimise the risk if no single measure is adequate.

RISK ASSESSMENT FORM

Completed by:		Date:	
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Name of Event:		Proposed Date:	
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HAZARD IDENTIFICATION	INHERENT [INITIAL] RISK ASSESSMENT	PROPOSED CONTROLS	RESIDUAL RISK ASSESSMENT [AFTER CONTROLS]
Damage to Reputation			
Manual Handling including sporting activities			
Noise exposure			

HAZARD IDENTIFICATION	INHERENT [INITIAL] RISK ASSESSMENT	PROPOSED CONTROLS	RESIDUAL RISK ASSESSMENT [AFTER CONTROLS]
Working at heights = over 3M			
Mechanical Equipment i.e. ladder			
Falls by slips, trips, overbalance			
Electricity			
Compressed air or gas			

HAZARD IDENTIFICATION	INHERENT [INITIAL] RISK ASSESSMENT	PROPOSED CONTROLS	RESIDUAL RISK ASSESSMENT [AFTER CONTROLS]
Excess heat/cold i.e. event in Fishbowl			
Alcohol and/or Drugs			
Ultra violet light			
Violence (physical assault)			
Violence (sexual assault)			

HAZARD IDENTIFICATION	INHERENT [INITIAL] RISK ASSESSMENT	PROPOSED CONTROLS	RESIDUAL RISK ASSESSMENT [AFTER CONTROLS]
Psychological (verbal harrassment)			
Hazards associated with Travel			

BASIC INCIDENT MANAGEMENT

