Facilities Management Services
University of New England
Armidale NSW 2351
Australia
Phone 02 6773 3910
Fax 02 6773 3198
ef-recpt@une.edu.au
www.une.edu.au/fms

REQUEST TO SERVE ALCOHOL ON CAMPUS

Must be lodged with Campus Services Manager at least 7 days prior to event

Event Details				
Name of Event:				
Location:				
Date:				
Time:	Set-up:	Start:	Finish:	Break-down:

Contact Details	
Contact Name:	
Position:	
Email Address:	

Service Details		
Drinks to be provided: (Specify type and quantity)	Alcoholic:	Non-alcoholic:
RSA certified persons:	Name:	Position:

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Checklist		
This section must be completed by the user prior to submitting this form.		
1. Is admission going to be charged to this event?	☐ Yes	☐ No
2. Is alcohol going to be served at this event?	☐ Yes	☐ No
a. If so, is the alcohol going to be sold?	☐ Yes	☐ No
3. Is the event licensed by a Hotel?	☐ Yes	☐ No
a. If so, have all conditions of the Licence for this event been addressed and adhered to?	☐ Yes	☐ No
Indemnity *The licence provider must indemnify the University, its members, servants and agents from and against all liability for damages, costs, actions, claims and demands which may be made, sustained, suffered or recovered against it or them by any person for injury to person or property however sustained, when using, leaving, within or near the venue during the period of hire.*		
4. I understand that alcoholic drinking games and other activities that promote binge drinking or rapid intoxication are prohibited.	☐ Yes	☐ No
5. I understand that as Host of the event I may be held responsible for any negative consequences of excessive drinking.	☐ Yes	☐ No
6. I understand that the Event Organiser, or their nominee, will monitor compliance with conditions outlined in this document during the event.	☐ Yes	☐ No
7. I understand that I am obliged to call the appropriate emergency service or UNE Safety and Security in the event of any incident which places, or may place, a participant of the event at risk of harm.	☐ Yes	☐ No
8. A Risk Assessment Form (Appendix A) has been completed for this event.	☐ Yes	☐ No
9. A Request to Serve Alcohol Form (Appendix B) has been completed for this event.	☐ Yes	☐ No

DECLARATION

I,_____ have read and understand the University of New England *Student Alcohol and Other Drug Policy* and confirm this function complies with all sections of said policy. I have included with this form:

- ☐ Risk Assessment Form (Appendix A)
- ☐ Copy of the Liquor Licence (if required)

Signature: _____ Date: _____

Position: _____

Approved by Campus Services Manager:

Signature: _____ Date: _____

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APPENDIX A

RISK ASSESSMENT FORM

Hazard Identification	Inherent Risk [Before Controls]	Proposed Control	Residual Risk [After Controls]
Materials handling.			
Noise exposure.			
Falls by slips, trips, overbalance.			
Compressed air or gas.			
Excess heat and/or cold.			

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Hazard Identification	Inherent Risk [Before Controls]	Proposed Control	Residual Risk [After Controls]
Alcohol and/or drugs.			
Violence.			
Psychological.			
Travel to/from event.			

Risk Assessment Details (to be completed by trained OHS representative):

Name: _____ Position: _____

Signed: _____ Date: _____

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RISK ASSESSMENT MATRIX

Consequence	Likelihood				
	1 Rare	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost certain**
1 Insignificant	1 Negligible	2 Negligible	3 Low	4 Low	5 Tolerable
2 Minor	2 Negligible	4 Low	6 Tolerable	8 Tolerable	10 Tolerable
3 Moderate	3 Low	6 Tolerable	9 Tolerable	12 High	15 Extreme
4 Major	4 Tolerable	8 Tolerable	12 Extreme	16 Extreme	20 Extreme
5 Catastrophic	5 High	10 High	15 Extreme	20 Extreme	25 Extreme

For comprehensive information on Risk Management please refer to the UNE Risk Management Policy Guidelines at http://www.une.edu.au/policies/pdf/riskmanagementguidelines.pdf.