



## **East England Medical Services** **Booking Form**

### **Event Details**

Event Name: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Event start time: \_\_\_\_\_ Event finish time: \_\_\_\_\_

Time for medical provisions to commence: \_\_\_\_\_ Time for medical provisions to cease: \_\_\_\_\_

Event Location:

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Event details *(please provide us with a brief description of what your event is):*

Activities planned *(please provide us with details of any additional activities planned, which may pose a higher level of risk at your event such as fireworks, extreme sports, motorsport, aviation, water related activities):*

Will there be general public at your event?      Yes      No

Expected attendance - *total number of staff, exhibitors and public:* \_\_\_\_\_

Expected attending groups:

Young children (0-12)

Teenagers (13-18)

Adults

Elderly

Full mix, in family groups

Full mix, not in family groups

Full mix, with rival factions

What insurance do you, as event organisers, have in place? Does your event licence require you to have a Doctor or other Healthcare Professional on site?



### Client Details

Client name: \_\_\_\_\_

Contact number (daytime): \_\_\_\_\_

Contact number (evening): \_\_\_\_\_

Client address:

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Client email address: \_\_\_\_\_

Event day contact name: \_\_\_\_\_

Event day contact number: \_\_\_\_\_

### Additional Details

Are there any on site treatment facilities available? (e.g. First Aid Room, treatment centre, temporary treatment area). Please advise if you require EEMS to provide treatment facilities.

Please provide details of access to your event and what parking arrangements are in place:

Will any other medical providers be present?                      Yes                      No

Is there access to facilities?    Yes                      No

Is drinking water available?    Yes                      No

Will refreshments be provided to our volunteers?                      Yes                      No

(If yes, please give details): \_\_\_\_\_



**Are there any other details you would like to provide to East England Medical Services regarding your event?**

**Terms and Conditions**

- 1. As the client, you have ensured all information provided on this form is correct to the best of your knowledge.*
- 2. It is the client's responsibility to ensure that East England Medical Services are kept up to date with any changes in the event details, activities or expected attendance prior to the event. This is to allow EEMS to make the necessary resourcing changes if required.*
- 3. All bookings sent to us are deemed as provisional. On receipt of a booking from, EEMS will send a quote for your event; please check this quote and advise of any discrepancy immediately. Once the quote has been accepted by the client, your booking will be confirmed.*
- 4. As the client, you agree that the invoice for our services will be paid within 21 days of receipt. EEMS will send out an invoice after the event has taken place.*
- 5. Please note there is a cancellation fee of 50% of the total quote if the client cancels our services within 28 days prior to the event.*

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*By completing this form in full, you are agreeing to the terms and conditions listed above. Once completed, please return this form to [east.english.medical.services@gmail.com](mailto:east.english.medical.services@gmail.com).*

(For EEMS use)

**Event #:**