



Immediate Care Medical PRE-EVENT FORM

Please complete this form to the best of your ability, as it enables us to complete an initial risk assessment, and using national guidelines and our experience to provide you with the most appropriate medical cover and costs.

Contact Name:		Telephone:	
Email:			
Event Name:			
Event Address:			
Brief Description of Event:			
How Did You Hear of ICM?	<input type="checkbox"/> Google/Search Engine <input type="checkbox"/> ICM Website <input type="checkbox"/> Existing Client <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other (<i>please specify</i>):		

Event Information				
Date of Event	Medical Cover Start Time	Event Start Time	Event Finish Time	Medical Cover Finish Time
Has this Event been run previously	<input type="checkbox"/> No <input type="checkbox"/> Yes	Any Patients at Previous Events	<input type="checkbox"/> N/a <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> >10	

Please consider times for medical staff to make position at events with route closures / restricted movements once event is under-way.

For example, staff arriving 30 minutes before event start time allows set-up and deployment

People Attending		
Number of Participants	Number of Spectators	Total of People On-Site

Type of Attendees		
<input type="checkbox"/> Family Groups	<input type="checkbox"/> Predominantly Children	<input type="checkbox"/> Teenagers/Young Adults
<input type="checkbox"/> Adults	<input type="checkbox"/> Elderly	<input type="checkbox"/> Full Age/Group Mix
<input type="checkbox"/> Potential of Rival Groups		

Venue Information				
Type	Queues	Seating Facilities	On-Site Structures	Facilities Available
<input type="checkbox"/> Indoor	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Temporary Structures	<input type="checkbox"/> Running Water
<input type="checkbox"/> Stadium	<input type="checkbox"/> < 4 Hours	<input type="checkbox"/> Standing	<input type="checkbox"/> Marquees	<input type="checkbox"/> Electricity
<input type="checkbox"/> Public Park	<input type="checkbox"/> > 4 Hours	<input type="checkbox"/> Seating	<input type="checkbox"/> Portable Toilets	<input type="checkbox"/> Room that ICM can turn in to a Medical Room
<input type="checkbox"/> Public Streets		<input type="checkbox"/> Mixed		
<input type="checkbox"/> Outdoor Space				