



United Synagogue - Event Notification Form

Guidance Notes

This form is used to notify our insurers and determine the level of Health & Safety support which may be required.

If there are going to be any vulnerable people (children, youth, disabled) participating in your event, any external providers, such as entertainers, sports coaches, drivers, etc. should have a DBS (Disclosure and Barring Service) check.

In the unfortunate of an accident or incident, the Administrator of the organising synagogue should be notified as a matter of urgency, in order that an Accident Report can be completed.

¹ **Event Details:** This section should include as much detail as possible about the event – day, overnight, such as a *Shabbaton*, age group of attendees (where under 18), what activities are taking place, timings involved, food provision. Hazardous activities include, but are not limited to: Ice-skating, rock-climbing, go-karting, and paint-balling. If you are unsure about any activity, please speak to Andrew Brayam or the H&S Administrator. The following require separate guidelines; please contact the H&S Department: Bouncy Castles; Bonfires and Fireworks; and, Barbeques.

² **Venue Hire Agreement:** This may be required if hiring a venue from an external organisation, such a residential centre, hired for a *Shabbaton*.

³ **Public Liability Insurance:** When using an external venue, or third party contractor, particularly when planned activities or equipment are in use, e.g. ice-skating or a theme park, sight of a Public Liability Insurance Certificate is required.

⁴ **Risk Assessment:** A suitable, sufficient assessment of the event risks should be undertaken. If any 'high-risk' activities are involved, the activity organiser/contractor should provide a Risk Assessment. This should be read, understood and adhered to. Security arrangements must be factored-in.

⁵ **1st and 2nd Responsible Persons:** The insurance company requires two people who are 'responsible' for the running of the event.

⁶ **Advertised:** Where has this event been advertised? Externally? Internally?

⁷ **Transport to and from Venue:** If individuals are responsible for making their own way to the venue / activity, they are not automatically covered by the US insurance policy. If an external hire company is being used for a coach or minibus, for example, please give details of the company.

⁸ **Transport Safety Information:** If an external hire company is being used for a coach or minibus, for example, some safety information is required: Public Liability Insurance Certificate and Driver Licence. If there are going to be any vulnerable people (children, youth, disabled) participating in your event, the driver should have a DBS (Disclosure and Barring Service) check.

⁹ **Responsible Persons Signatures:** These can be completed electronically, if necessary.

If you require any help filling this form in, or have any queries regarding activities that you are organising, please contact Andrew Brayam (020 8343 6229; handsevents@theus.org.uk) or the H&S Administrator (020 8343 6204).



United Synagogue - Event Notification Form

This is for US Synagogue / Community / Tribe -organised events. For external users, please complete a Hall Hire Agreement.

For help completing this form, please see the next page for Guidance Notes. This form should be completed electronically (where possible) and sent to the US H&S Dept 28 days before the event – Email: handsevents@theus.org.uk

<u>Organising Body:</u>	
<u>Title of Event:</u>	
<u>Event Date:</u>	<u>Event Start/End Time:</u>
¹ <u>Event Details:</u>	
<u>Venue Details:</u>	<u>Post Code:</u>
	<u>Tel:</u>
	<u>Email:</u>
² <u>Venue Hire Agreement:</u>	
³ <u>Public Liability Certificate:</u>	
⁴ <u>Risk Assessment:</u>	<u>Security Arrangements:</u>
⁵ <u>1st Responsible Person</u>	⁵ <u>2nd Responsible Person</u>
Name:	Name:
Contact No.:	Contact No.:
Email:	Email:
⁶ <u>Advertised:</u>	
Number of Attendees:	
⁷ <u>Transport to and from Venue:</u>	
⁸ <u>Transport Safety Information:</u>	
⁹ <u>1st Responsible Person Signature & Date</u>	⁹ <u>2nd Responsible Person Signature & Date</u>

*Office Use: Received and Processed by:
Sent to Insurance Company:*