

**CIVIL DEFENCE *(SLIGO)* DISCLAIMER 2025**

**This document needs to be read, understood, signed and returned with the completed duty request form and other required documents.**

* I agree to indemnify Sligo County Council and Civil Defence against any claims for loss or damage resulting from involvement in this event and I understand that in the event of Civil Defence Service committed to this activity being required for an ***Emergency Situation*** elsewhere service may be withdrawn without notice.
* Whilst every effort will be made to have an Ambulance and EMT level volunteers attend duties, for various reasons, this is not always possible. If all required documents have been submitted and Sligo Civil Defence have agreed to assist with your event, when an ambulance and crew is not available, there will at least be a Civil Defence Vehicle, basic First aiders and first aid equipment. If you are not happy with this arrangement, it is fully understandable, but Sligo Civil Defence needs to be informed of this at these initial steps.
* If Sligo Civil Defence believes the Event is not being organised as required in the detailed plans or if the basic requirements are not being adhered to operate the event in a safe environment, the Sligo Civil Defence volunteers will withdraw their services immediately.
* Sligo Civil Defence is not a Security Company / Organisation and shall not be seen / deemed / treated as such. Sligo Civil Defence is not covered nor trained to provide ANY sort of security detail or processes and as such, we shall not be tasked for any ‘Security’ or crowd control purposes (including traffic management) for the duration of our presence at your event (unless requested by a Front Line Emergency service at time of emergency: An Garda Siíochána, Fire Service etc)
* Despite the fact that the Civil Defence request a copy of your safety statement and risk assessment, the Civil Defence should in no way be seen as an assessor or auditor of these documents for your organisation. The Civil Defence will not and shall not be held responsible in any way for any shortcomings in your event planning and preparation.



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* I/We agree to mention Sligo Civil Defence in all publicity associated with this event, including social media.
* All large scale (large attendance) event requests (concerts etc), an adequate treatment room / area must be provided by the organisors, facilitating privacy warmth and comfort for any potential casualties.
* For all large scale events, water must be made available to all attendees and patrons and will not be the responsibility of Sligo Civil Defence to provide this.
* While it is not the policy to make a formal charge for service provided, organisations /clubs etc are asked, if in a position to do so, to make a contribution to offset any cost incurred in providing assistance. Please make donation by cheque only, payable to Sligo Civil Defence.
* On behalf of the above organisation I wish to make formal application for Civil Defence Assistance as per the details outlined in the attached Duty Request form.
* Please submit fully completed form and ALL documents required a minimum of at least 6 weeks prior to your event. Failure to do so may result in your application being rejected.
* Please send all documents to:

**Mr Darren McGoug**h, *Civil Defence Officer,* Sligo County Council, County Hall

Riverside, Sligo, F91 Y763

E-mail: [dmcgough@sligococo.ie](mailto:fpower@sligococo.ie)

Signed Date





**CIVIL DEFENCE *(SLIGO)***

**Document Checklist to be returned:**

**~ Completed Application form**

**~ Detailed Completed Risk Assessment**

**~ Insurance Certificate and Application**

**~ Safety Statement**

**~ Event Brief**

Please ensure ALL documentation is supplied on application and check boxes ticked a minimum of at least 6 weeks before your event date.

Particular attention should be paid to having a completed Risk Assessment and as much details about your event in the request form as possible.

If you require any further information or clarification please contact the Civil Defence office.

**Mr Darren McGough**

*Civil Defence Officer*

Sligo County Council

County Hall

Riverside

Sligo

F91 Y763

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Title: website - Description: website-icon  sligococo.ie | sligo.ie

[Title: LinkedIn - Description: image of LinkedIn icon](https://www.linkedin.com/company/3016190) [Title: Twitter - Description: image of Twitter icon](http://twitter.com/sligococo) [cid:image014.png@01D5AA8B.AA2CB390](https://www.facebook.com/sligocountycouncil)[cid:image016.png@01D5AA8B.AA2CB390](https://www.instagram.com/sligocountycouncil)







**CIVIL DEFENCE *(SLIGO)***

**Non Emergency Event Cover Application Form**

**Applicant’s name (group)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address / E-mail address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nature of event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Venue:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Service required** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_ **Service required time:** \_\_\_\_\_\_\_\_ **Service required to:** \_\_\_\_\_\_\_

**Contact person on site:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Mobile no:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safety officer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M**obile no:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approximate number of Participants (if a sporting event):**

**Approximate number of expected Spectators / Attendees (if possible):**

**Is alcohol being served at this event**:

**If a First aid duty**

**State designated location for first aid/ambulance:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**if not mobile throughout event)**

**Name of local Doctor (in case of serious emergency):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Number of local Doctor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is the Doctor Informed event is taking place?**

Yes \_\_\_ No \_\_\_\_ Tel. no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**It is highly advisable that a local Doctor or Medical facility should *always* be informed about an event before it takes place. Care doc is not an ideal substitute.**

**All duties**

**State catering arrangements for Civil Defence volunteers:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please note***: **ALL duties** and requests for Civil Defence must include a light meal or refreshments (e.g. Tea/coffee or soup and sandwiches), However all duties of **3 hours or more** a more substantial hot meal is required to be provided by the organisers of the event for the volunteers.

**In order to process application and arrange type of cover required for event, applications must reach the Civil Defence office a minimum of 6 weeks before the event date. All sections of the application form must be completed otherwise the application will be deemed invalid and the form will be returned.**

**All applications must be accompanied by a copy of the event Safety Statement, Event Briefing documents pack, full completed detailed risk assessment and Insurance Certificate.**

**Return application form to Civil Defence Office, County Hall, Riverside, Sligo**

**SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please note:*

*In the event of an emergency occurring or a request by the Primary Response Agencies or Civil Defence Headquarters where Civil Defence is required to respond Civil Defence reserves the right to withdraw service from a non emergency event.*

*Office Use Only:*

*Booked on Duty Board \_\_*

*All documents received \_\_*

*Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***C.D.O. / A.C.D.O.***

*Date:*

Note reason if not approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_