



Sligo County Council  
Comhairle Chontae Shligigh

**Sligo.**



## **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 from:** \_\_\_\_\_ **Service required to:** \_\_\_\_\_

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

**Safety officer:** \_\_\_\_\_ **Mobile no:** \_\_\_\_\_

**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)** \_\_\_\_\_

Is the Doctor Informed event is taking place ?

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

**All duties**

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

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**\*\*Please note duties of 4 hours or more must include a main meal for 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 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.*

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*Office Use Only:*

*Booked on Duty Board* \_\_\_

*All documents received* \_\_\_

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

*Date:*

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