**This form is to be completed by University of Essex staff, any SU recognised student group, or SU staff who would like to hold an event in one of the University squares or on the University grounds. Activities outside the scope of the activities listed below (section 2) must be submitted as an event permission form instead.**

**The University asks for a minimum of 5 working days’ notice ahead of the proposed activity to process and confirm your submission. The criteria of an ‘Event Notification Form,’ is outlined in the information online for** [**staff**](https://www.essex.ac.uk/staff/event/holding-an-event-on-campus-grounds) **and** [**students**](https://www.essex.ac.uk/student/event/holding-an-event-on-campus-grounds)**. Please make your submission to** [**ems-ops-comms@essex.ac.uk**](mailto:ems-ops-comms@essex.ac.uk)

|  |  |  |
| --- | --- | --- |
| 1. **Organiser details** | | |
| **Name of the event** |  | |
| **Name of the organiser** |  | |
| **Email address** |  | |
| **Department, society or group organising the event** |  | |
| 1. **Event details** | | |
| **Date(s)** |  | |
| **Start time** (from time of set-up) |  | |
| **Finish time** (location cleared) |  | |
| **Location** |  | |
| **Activity to be undertaken** (select all that are applicable)  Giving out information (e.g. talking to people, leafletting)  Sale or distribution of pre-packaged food and drink (or items provided by Essex Food)  Tabletop activities (i.e. crafts, boardgames, spin the wheel)  Traditional dancing (excluding any acrobatic activity)  Selling of small items (excluding food)  Playing music (between (12.00pm-2.00pm, or after 5.30pm)  Using battery powered audio equipment | | |
| 1. **Operational requests – for Facilities Services or Estates equipment ONLY** | | |
| **Number / type of gazebos** |  | |
| **Number of tables** |  | |
| **Number of chairs** |  | |
| **Details of any other furniture / equipment to be moved** |  | |
| **Electrical support required?** | YES  NO | |
| **Please provide equipment details (e.g. laptop, PA system)** |  | |
| 1. **Event endorsement**   Your event must be endorsed by a member of staff such as your head of department, or an appropriate SU delegate. Please write provide their details below - they will be contacted to confirm their endorsement of the activity. You cannot endorse your own activity. | | |
| **Name** |  | |
| **Job title** |  | |
| **Email address** |  | |
| 1. **Organiser confirmation**   I, the event organiser, confirm that I have read the online information pertaining to the Event Notification process, and that I will comply with the ‘Health and Safety Statements’ and the ‘Conditions of Authorisation’ set out at the links for [staff](https://www.essex.ac.uk/staff/event/holding-an-event-on-campus-grounds) or [students](https://www.essex.ac.uk/student/event/holding-an-event-on-campus-grounds). I recognise that information on these pages may be updated and that I have read them on the date below.  I understand and accept that I have a legal obligation to manage the activity safely and failure to do so may result in disciplinary / misconduct proceedings, or legal action from relevant regulatory bodies such as the Health & Safety Executive. | | |
| **Organisers signature:** | | **Date:** |

**SECTION 6 AND 7 ARE FOR OFFICE USE ONLY**

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| 1. **Supporting signatories**   Signatures from an appropriate delegate may be obtained in the absence of those listed below. | | |
| **Head of Health and Safety and Facilities (Students Union)**- where activities areproposed by SU staff or students. | | |
| **Signature:** | | **Date:** |
|  | | |
| **Head of Grounds and External Landscape -** If activity is proposed on the grounds. | | |
| **Signature:** | | **Date:** |
|  |  |  |
| **Security & Campus Safety Operations Manager** – as applicable. | | |
| **Signature:** | | **Date:** |
|  | | |
| 1. **Event approval**   Approval is granted by the Chief Compliance Officer (Infrastructure & Environments) or their delegate. | | |
| This activity is APPROVED  This activity is NOT APPROVED | | |
| **Conditions of approval** | | |
| **Signature:** | | **Date:** |