

Contact Details

| | | | |
|---|--|------------------|--|
| Organisation: | | | |
| Address and registration number (if you are a Charity registered with the Jersey Charities Commission): | | | |
| | | Registration No: | |
| Contact name: | | Mobile: | |
| Email: | | Daytime Tel: | |

Event Details (ALL fields must be completed in this section)

| | | | |
|---|-------|--|-------|
| Location of Event: | | | |
| Name of Event (e.g. music festival / fête / marathon etc): | | | |
| Type of Event (e.g. charity event or commercial): | | | |
| Event date and time, you would prefer us to be on site NOT the start time of your event: | Date | Start | End |
| Will the general public be in attendance? (NB. If over 1,000 people, or an event of a dangerous nature, a prior meeting must be arranged) | Y / N | Approx. no's attending: | |
| Is an entrance fee being charged? | Y / N | Is alcohol being served? | Y / N |
| Is there dedicated parking for our vehicle(s)? If so, where? | Y / N | | |
| What Insurance will be in force? (e.g.: Public liability, etc) | | | |
| Agreed Payment (please see attached table for guidance and terms and important information) Please complete before returning | £ | (£35 Administration charge additional) | |
| Risk Assessment (including COVID-19 provisions) attached PLEASE ENSURE THIS IS PASSED TO US AT TIME OF BOOKING. | Y / N | Event Plan attached PLEASE ENSURE THIS IS PASSED TO US AT TIME OF BOOKING. | Y / N |

Duty Details

| | | | |
|--|-------|-----------------|--|
| Our personnel should report to: | | Mobile: | |
| Doctor / Paramedic in attendance? | Y / N | Name, if known: | |
| Are toilet facilities available? | Y / N | | |
| Will refreshments be provided for our volunteers? | Y / N | | |
| Will refreshments be available to purchase for our volunteers? | Y / N | | |

TERMS AND IMPORTANT INFORMATION (please read)

50% OF THE INVOICE AMOUNT WILL BE REQUESTED AT THE TIME OF BOOKING. THIS IS NON-REFUNDABLE. IF LESS THAN 60 DAYS UNTIL YOUR EVENT FULL PAYMENT (100%) WILL BE REQUIRED AT TIME OF BOOKING.

You will appreciate that our teams are composed entirely of volunteers and we cannot guarantee attendance at any event. Should, for any reason, our volunteers not be able to attend, and if we cannot find a replacement team, we will endeavour to give you as much notice as possible, so that alternative arrangements can be made. Although the failure of a team to attend an event is extremely rare, unfortunately, it can occur. Thus, if non-attendance of a First Aid team / Ambulance means that your event will not be able to proceed, we suggest that you take out an appropriate insurance against any loss you may suffer. In the case that St John Ambulance are unable to meet its obligations to you, a full refund of monies paid will be made in this instance.

If event parameters are later found to be different from what is originally agreed upon receipt of this public duty form, St John Ambulance reserve the right to withdraw our agreement to cover the event, a full refund of monies paid will be made in this instance.

Where events run over the stated finish time, we cannot guarantee that our volunteers will be able to remain past the original time agreed. This must be discussed and agreed with our personnel during the duty. An email to sam.channing@sja.org.je will also be required to confirm agreed new arrangements made with the volunteers.

Please complete this form in full and return a signed copy, as soon as possible (with no less than 3 months' notice) to confirm that you have read and understood our Terms. Send by email to:

sam.channing@sja.org.je or countyhq@sja.org.je

Please be mindful that our Event Diary fills up very quickly and only upon the receipt of this completed form along with your 50% payment or 100% payment if less than 60 days notice, will your event be placed in our diary as a confirmed booking.

A Risk Assessment and Event Plan **must** be supplied at the time of booking prior to your event's commencement date. Failure to provide these documents in a timely manner will result in St John Ambulance being unable to adequately cover your event and we will be left with no other recourse but to withdraw our services.

FEE STRUCTURE FROM 1st JANUARY 2023

As a Charity, we rely heavily on the funds raised from our attendance at various events throughout the year. We do not receive any States Funding and we are a not-for-profit Organisation.

The below is meant as a **GUIDE ONLY** and will need to be tailored to fit with your individual event requirements.

| Equipment or Personnel | Cost | Information |
|--|--------|--|
| Minimum Charge | £85.00 | Minimum charge for our attendance at your event. No discount will be allowed on this cost. This will be in addition to the £35.00 administration charge. |
| Standard minimum charge per hour per volunteer | £10.50 | St John Ambulance references The Purple Guide when evaluating risk assessments and planning. However, due to Jersey's limited infrastructure, this document is used purely as a guide and additional resources may be required to comply with Health and Safety. |

| | | |
|--|------------------------|--|
| Vehicles | £270.00 | Vehicles are charged at a flat rate for attendance per day at an event regardless of the length of time they are required. |
| Static Treatment Centre per Day | £120.00 | Static Treatment Centre is charged at a flat rate for attendance per day at an event regardless of the length of time it is required. |
| Tents and other specific equipment relating to the event | TBC at time of booking | This list is non-exhaustive and needs to be confirmed at the time of booking an event. |
| Refreshments / Sustenance | TBC at time of booking | We adhere to a welfare guide set out by St John Ambulance National Head Quarters with regards to the welfare of our volunteers whilst on duty to ensure they are suitably fed and refreshed. Clearly there are cost implications to the provision of refreshments. |
| One off charge to cover administrative costs | £35.00 | This charge covers the administration for the event and incidental costs. This cost will be in ADDITION to the invoice total. |
| Charity Discount | 20% | If we have your registered charity number on this public duty form, a 20% discount will be applied to the cost of our attendance at your event. The administration charge exempt from discount. |

By signing this document, I / We have read, understood and agree to the above terms and to abide by the regulations set out within.

Signed: _____

Date: _____