

ENQUIRY FORM FOR ACTIVITIES ON THE GVRT RESERVE

- Please complete and lodge this form at least 60 days prior to your event/activity/program.
- If you are in any doubt as to whether your event requires approvals/permits you must submit this preliminary notification.
- This form will be assessed to determine if you will need to seek formal approvals or permits to hold your event or activity.

DETAILS

Name of Event/Program	n/Activity _		
Is this activity annual or	ongoing? _		What is its duration?
Name of Organisation:			
Type of organisation:	Commercial.	ABN number	
	Non-commerc	cial. Details	
Postal Address:			
Location: (exact location	n/s on/near Ra	il Trail or whole of R	ail Trail)

Date: /	/	Time:		
Nature of the event,	/program/activity:			
Is there any elemen	t of competition/time	trial:		
Estimated number of	of people attending: _			
ADMISSION FEE No	Yes / No	SELLING	RAFFLE TICKETS	Yes /
Will you be erecting If yes, please describ	g any temporary struct be?	cure/sign on the site?	Yes / No	
What you are erecti	ng (i.e. jumping castle	es, tents, sun shades,	signs etc.)	
The exact location a	and size of each tempo	rary structure:		
Specify the date of i	nstallation and date o	f dismantling:		
Does a Shire Counc	il contribute any fund	s to this event/progra	am/activity? Yes/	No
Is the event: P	Public / Private			
Would you like this	event to be listed in G	WRT/Shire's Calenda	ar of Events?	Yes / No
If yes, which contact public)	et details would you lil	ke listed? (Please not	e that contact details	will be made

CONTACTS

Contact for Event Administration

Name:		Position:
Phone:	_ Email:	
Mobile:	_ Other:	
Other key contact people:		
Name:		Role:
Phone:	_ Email:	
Name:		Role:
Phone:	_ Email:	
Name:		Role:
Phone:	_ Email:	
Name:		Role:
Phone:	_ Email:	
PUBLIC LIABILITY INSURANCE		
Amount of Cover:(Minimum of \$10M required)	_Certificate of C	Currency Copy Supplied: Yes / No
What provision of information and instruction GVRT (especially in wet weather condition		

SITE PLAN		
Site Plan Supplied: (If not, please explain why)		
SAFETY MANAGEMENT PLAN		
Safety Management Plan Supplied: (If not, please explain why)		
(Do you require our standard form Emergency Management Plan to amend as appropriate?)		
CARNIVAL		
Carnival Operator:		
Phone:		
Carnival PL Insurance: Amount of Cover:		
Copies of Certificate of Currency Supplied: Yes / No		
PARKING AND ROADS		
Location:		
Marshals:		
(Please identify on site plan)		
WILL ANY ROADS REQUIRE CLOSURE: Yes / No		
If Yes, name road/s:		
EMERGENCY SERVICES		
Emergency Access Route Identified:		
Police Notified: Yes/No Details:		
First Aid presence:		

WHAT ARRANGEMENTS have been made to recover of fix breakdowns, bicycles, horses, participants?		
What arrangements to repair an	y damage to unsealed surface?	
SECURITY		
Name of Company:		
Contact Person: Phone:		
Number of Security Personnel:		
Date:	Time:	
Date:	Time:	
Date:	Time:	
FOOD STALLS		
Temporary Food Stall Application	ons will need to be obtained from the appropriate Shire.	
Alcohol Available: Yes / No No	If yes, permission from Shire Local Laws obtained: Yes /	
Copy provided: Yes / No		

ADVERTISING, LOGO, PROMOTION

Please provide electronic copy of logo and any advertisement material you may like included in Council publicity and on the GVRT Website.

RUBBISH REMOVAL Contract Cleaner: _____ Phone: _____ Provider of Bins: ______ Provider of Skips: _____ If a Shire Council is supplying wheelie bins, how many bins do you require and how many liners? Bins: _____ Liners: ____ To be delivered to: _____ Date: _____. / _____. Time: _____ To be collected from: Date: _____. / _____ Time: _____ Date: _____ Time: ____ Street Sweet Required: Yes / No What arrangements to dispose of horse waste? **TOILETS** Portable Toilets Hired: Yes / No Number of toilets: _____ Toilets on Site: Yes / No Access required from ______ to _____ Cleaning required: Date: _____. / _____. Time: _____ Date: ____. / ____. Time: ____ Number required: Sanitary Bins required: Yes / No

	ΓER		
Water	on site:	es / No	
Access	s required from	to	_
DEC	LARATION		
I, (pri	nt name)		on behalf of (organisation)
for ho		Great Victorian Rail Tr	agree to abide by all conditions set
Signe	d:		Dated: / /
	CESS 's how the ACTIVIT	TY ON THE GVRT a	pproval process works:
1.	_		east 60 days before the event. Standard form <i>Emergency Management</i>

- Site Plan
- 3. Receive notification of authorisation subject to issue of the required Permit/s
- 4. Issue of required permits

SUBMIT COMPLETED FORM TO:

info@greatvictorianrailtrails.com.au Or Great Victorian Rail Trail Activity Approvals PO Box 654 Mansfield VIC 3724