**College Event booking form- COVID-19 Update**

This form is for any event organised by a Student.

Please note that events are not granted until this form is completed, approved by all relevant people and returned to the organiser.

**Event Details**

|  |  |
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| Is this an education event or social event? |  |
| Title of Event |  |
| Date of Event |  |
| Start and Finish time of Event |  |
| Maximum capacity |  |
| Will you have a full and complete list of all attendees? |  |
| Are multipole households attending the event |  |
| Nature of Event(including details of any activity, food and drink provided, outside contractors/suppliers) |  |
| Event organiser |  |
| Is there alcohol at the event | [ ] Yes [ ]  No |

**Planning Consideration**

St Catharines College recognises the difficulties that the College community is currently facing as part of the COVID-19 pandemic. Additional precautions will be needed for any event, so it is important to ensure detailed procedures are applied as part of the planning of any events bringing people together.

|  |  |  |
| --- | --- | --- |
| **Action** | **Comments** | **Communicated to relevant staff member** |
| Does your event fall in line with current Government and College COVID-19 guidelines and rules? Where have you sourced external guidelines and rules from (i.e. gov.co.uk), please attached or provide copies.  |  |  |
| How will you maintain 2 meter social distancing  |  |  |
| Are there separate entrances and exits or one way systems in place? |  |  |
| Are you planning to install signage and/or communication notices/posters? |  |  |
| Will shared facilities such as bathrooms be required and if so you will need to consider hygiene between uses, do you have a plan for this. Do you need staff to implement this?  |  |  |
| Does this event require first aid? If so, who do you expect first aiders to be and are they aware of First Aider COVID-19 protocols.  |  |  |
| Please describe your process for emergency evacuation, handling anti-social behaviour, dealing with illness inc COVID-19 symptoms and any breaches of security. |  |  |
| What additional hygiene measures must be put in place across the whole site and what procedures do you have for maintaining them throughout the event? |  |  |
| What process do you expect to follow if someone fell ill or started showing symptoms of COVID-19 during your event? |  |  |
| If the College is not providing food and beverages, have all COVID-19 risk mitigations for the handling and serving of food and beverages been incorporated into your event planning? |  |  |
| Do you intend on informing/training volunteers and participants at your event in their role in minimising the spread of COVID-19 and if so how do you intend on doing so? |  |  |
| Have you considered reputational risk to the College by holding your event (i.e. using the sports ground for gatherings which is close to residential settings)  |  |  |
| What considerations do you need to make for vulnerable groups? |  |  |
| Guidelines regarding how and when people can meet up can change at very short notice, how will you communicate this if it results in a changed to the event.  |  |  |
| Have you considered the scenarios that would necessitate changes or cancellation, and the timeframe for decision-making for this |  |  |
| What are the consequences if the event is not approved? |  |  |

**Approval**

Pease gather signatures from the below list. These can be collected electronically (email authorisation) or by appointment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Approved by Designated Premises Supervisor** |  |  |  |
| Approved by Head Porter \*to consult with the Operations Director as required |  | Date |  |
| Approved by The Dean |  | Date |  |
| Approved by The Health and Safety Manager \*to consult with the Operations Director as required. |  | Date |  |
| Approved by The Groundsman \*to consult with the Operations Director as required(if event is at the sports field) |  | Date |  |