

Safety Advisory Group medical specification details request

In order to assess the medical provision for your event you are requested to complete the details below and return to West Midlands Ambulance Service NHS Trust for review:

kevin.morrey@wmas.nhs.uk

Date of Event		Name of Event	
Timings of Event		Type of Event	
Where will your event take place		Standing / seated / mixed	
Audience / Crowd mix (Family / Young Adults etc)		Maximum number of attendees at any one time	
Additional Hazards (Fireworks / stage / catering / temporary bar / other		Anticipated waiting time for entry	
Medical provider company name			
CQC Registered details			
Contact details of medical provider telephone / email			
Contact details of medical provider on day of event			
	Details of medical provision		
Number of First Aiders			<i>State if only First Aid at Work</i>
Number of Cycle Responders			<i>State what skill set they will have</i>
Number of Paramedics			
Number of Technician's			
Number of Ambulances on site			<i>State if A&E / 4x4 capability</i>
Number of Response Cars on site			
Number of Doctors			<i>Experienced in pre-hospital care environment?</i>

Number of Nurses		Experienced in pre-hospital care environment?
Other medical skill set – provide details		
Will you have AED / Defibs on Site - Numbers		
Conveyance to Hospital	Will you be conveying patients within your staffs skill set to hospital in your vehicles?	YES / NO
Have you alerted the local hospitals of your event? If so which?		

Thank you for your co-operation in completing this form, should WMAS have any additional queries or seek clarification we will contact you.