**Safety Advisory Group - Medical Specification Details Request Hereford, Worcester & Shropshire**

In order to assess the medical provision for your event, you are requested to complete the details below and return to : [robert.stevens@wmas.nhs.uk](mailto:robert.stevens@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 Registration 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 |  | | *State if only First Aid at Work* |
| Number of Cycle Responders |  | | *State what skill set they will have* |
| Number of Paramedics |  | | *Must be HCPC registered* |
| Number of Technicians |  | |  |
| Number of Ambulances on site |  | | *State if A&E / 4x4 capability* |
| Number of Response Cars on site |  | |  |
| Number of Doctors |  | | *Experienced in pre-hospital care environment?* |
| 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 own vehicles? | | Y/N |
| 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.*