



DISS TOWN COUNCIL

Council Offices, 11-12 Market Hill, DISS, Norfolk, IP22 4JZ.
Tel./Fax. - (01379) 643848 Email - townccouncil@diss.gov.uk

APPLICATION FOR THE HIRE OF DISS PARK		APPLICATION No.
Name of Organisation/Individual -		
Address -		
Postcode -		
Tel No. -	Email Address -	
Date(s) of Hiring - (Please include any days for set-up, close down, etc.)		
Hours of Hire (include preparation & clearing up time) - From - _____ am/pm		To - _____ am/pm
Type of Event - (Eg. Concert, play, church service, etc.)		

Facilities Required	✓	For Office use
Toilet Facilities Required (state times)		

Applications will only be accepted when accompanied with the following:-

	Enclosed (please tick/circle)
1. A copy of your current Third Party Public Liability Insurance Certificate providing named cover for your organisation/charity - which should provide a minimum cover of £2,000,000	
2. A completed Risk Assessment form	
3. Is an appointment needed to sign the Licence Agreement with the Town Clerk	Yes/No
4. Payment of the appropriate fees	Yes/No

I/We hereby apply to have an Event at Diss Park in accordance with the Council's current scale of charges and subject to the Diss Park / Pavilion Regulations. I/We agree to remove all rubbish collected throughout the event, including any full rubbish sacks, from the park and dispose of it responsibly. I/We understand that a minimum additional charge of £50 will be payable if extra cleaning by Town Council staff is required.

Signed - _____ Date - _____

For office use only:			
Public liability received		Licence Agreement Signed	N/A
Risk assessment received		OPB @ Kiosk Contacted	N/A
Letters to Parkside Court Residents sent		Police/Councillors informed	



EVENT RISK ASSESSMENT FORM

Please fill in this form and return it **signed and dated** with your booking form.
 (This form is also available in electronic format if you require)

Organisation:		Contact Person:	
Site:	The Park	Location on site:	
Type of activity		Date and time	Number of participants

Hazards involved with activity	Safety measures you will put in place to reduce the risk of accidents	Rating band (see table below)
e.g. vehicles moving in vicinity of public	All vehicle movements to be directed by stewards Speed limit on site 10mph Two way radios to communicate between stewards on site Mobile phone to contact 999/St John Ambulance	2 x 2 =4

Risk Rating		Action Bands	
Likelihood	Severity of Injury	Rating Band	Action
1 = Most Unlikely	1 = Trivial Injury	1 – 2 = Minimal Risk	Maintain Control Measures
2 = Unlikely	2 = Slight Injury	3 – 4 = Low Risk	Review Control Measures
3 = Likely	3 = Serious Injury	6 – 8 = Medium Risk	Improve Control Measures
4 = Most Likely	4 = Major Injury or Death	9 – 12 – 16 = High Risk	Consider not running the event

Signature:		Print name:		Date:	
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For DTC staff use only:
 Comments: