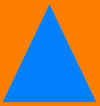
******CAVAN COUNTY CIVIL DEFENCE**

**FIRST AID/AMBULANCE COVER**

**APPLICATION FORM**

**APPLICANT’S NAME** (Block Capitals)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TELEPHONE NO.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MOBLIE NO.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E MAIL**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVENT**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VENUE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE COVER REQUIRED** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**START TIME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FINISH TIME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NUUMBER OF ATENDEES EXPECTED AT EVENT** \_\_\_\_\_\_\_\_\_\_\_\_\_

**IS A FIRST AID ROOM AVAILABLE** YES\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_

**CONTACT PERSON ON SITE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MOBILE TELEPHONE NO.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LOCATION OF AREA DESIGNATED FOR FIRST AID/AMBULANCE,**

**(This area must be approved by Civil Defence Officer In Charge on site.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WILL A DOCTOR BE AVAILABLE YES\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_**

**NOTE: It is the responsibility of the organisers of the event to provide catering arrangements for the Volunteers on duty. 0-2hrs- tea/coffee, 2-4hrs- light meal,**

**4hrs plus-hot meal.**

**Contact person on site to contact Officer In Charge on site to arrange above**

**Please enclose copy of Insurance Policy for the event and a copy of Safety Statement/Risk Assessment**

**Return to Civil Defence Officer, Fire St., Cavan, 14 days in advance of the event. Upon receipt of completed application form a decision will be made as to availability of volunteers & the level of cover required and the organisers informed.**

***Donations toward fuel and equipment costs are gratefully accepted and receipted,***

***Any donation should be in the form of cheque made payable to Cavan County Council.***

**SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**