



**Cavan County Civil Defence  
First Aid/Ambulance Cover  
Application Form**



**Applicant's Name** (Block Capitals) \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Telephone No.** \_\_\_\_\_ **Mobile No.** \_\_\_\_\_

**Fax No.** \_\_\_\_\_

**Event** \_\_\_\_\_

**Venue** \_\_\_\_\_

**Date Cover Required** \_\_\_\_\_

**No. First Aiders Required** \_\_\_\_\_

**Is An Ambulance Required** Yes \_\_\_\_\_ No \_\_\_\_\_

**Contact Person On Site** \_\_\_\_\_

**Mobile Telephone No.** \_\_\_\_\_

**Start Time** \_\_\_\_\_ **Finish Time** \_\_\_\_\_

**Location Of Area Designated For First Aid/Ambulance**  
\_\_\_\_\_  
\_\_\_\_\_

**Will A Doctor Be Available** Yes \_\_\_\_\_ No \_\_\_\_\_

**Catering arrangements for Civil Defence Volunteers**  
\_\_\_\_\_  
\_\_\_\_\_

**Please enclose copy of insurance policy for the event and a copy of safety statement.**

**Return to Civil Defence Officer, Courthouse, Cavan, 14 days in advance of the event.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_