**ACTIVITY APPLICATION AT STATE CARE MONUMENTS**

Please ensure this application is submittedat least **20 working days before** the requested activity date.

**All late applications are subject to the following administrative charges in addition to other relevant cost:**

* Applications submitted 19 -10 working days before the activity date will incur £25 administrative charge
* Applications submitted 9 working days or less before the activity date will incur £50 administrative charge

This may not apply to current affairs and news crews or filming which promotes the activities of the Department.

All charges are levied at the Department’s sole discretion.

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| **Please tick the activity you are applying for:** | | | | |
|  | **Event** | **Wedding/hand fasting ceremony** |  | **DfC organised activity**  Please specify under Activity title |
|  | **Event including ground**  **based filming** | **Wedding Photography** |  | **Other activity**  Please specify under Activity title |

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| **Applicant Details** | **Individual/Organisation/ Company Name** |  | | | | | **Contact Person** | |  | | |
| **Nature of organisation** |  | **Registered**  **Company** |  | **Registered**  **Charity** | |  | **Community /Voluntary** | |  | **Other** |
| **Address** |  | | | | | **Postcode** | | |  | |
| **Telephone/Mobile** |  | | | | **Email** |  | | | | |

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| **Main Details** | **Activity title** |  | | | | | | |
| **State Care Site Name** |  | | **Buildings & Areas requested for use**  (if applicable) | | |  | |
| **Have you visited the site?** | **Yes**  **No** | | | | | | |
| **Date(s) and time(s) required** | **Set up Date:** | |  | **Time from-to:** | |  | |
| **Activity Date:** | |  | **Time from-to:** | |  | |
| **Clear up date:** | |  | **Time from-to:** | |  | |
| **Total No. hours of hire (includes set up and clear up):** | | | | |  | |
| **Do you intend to charge for this activity?**  e.g. ticketed event | **Yes**  **No** | | If ***Yes*,** please provide details | |  | | |
| **Numbers expected** | **Adults** |  | **Children (under 16)** |  | **People with disability** | |  |
| **Exclusive access required?** | **Yes**  **No** | | **Any other Specific Requirements e.g. access, DDA?**  If ***Yes,*** please provide details on page 3 | | | | **Yes**  **No** |
| **Purpose & brief summary of activity** |  | | | | | | |

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| **Further details** | **Proposed means of promotion of activity**  (If applicable) |  | | |
| **Post activity clean up policy**  (If applicable) |  | | |
| **Will refreshments be served?** | **Yes**  **No** | | |
| **Are you requesting alcohol is served?** | **Yes**   **No** | **Will license for alcohol be required?** | **Yes**  **No** |
| **Will music/entertainment be performed?** | **Yes**  **No** | **Will Entertainment License be required?** | **Yes**  **No** |

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| **Temporary Fixtures and Control Measures** | **Temporary Services proposed**  Staging/lighting, gazebos, stalls, construction, fixings or SFX, etc., how these will be fixed in place  (If applicable) |  |
| **Please indicate the equipment you will be using**  Lighting stands, tripods, cameras, torches, replica weapons, implements, etc.  (If applicable) |  |
| **If equipment is being used, how do you propose to bring it on site from the access point?** |  |
| **Activity Management**  No. of staff on site, etc.  (If applicable) |  |
| **Traffic Management proposals**  (If applicable) |  |
| **Crowd Control Measures**  (If applicable) |  |

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| **Other additional information or specific requirements** (please use additional sheet if required) |
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| **Depending on the type of proposed activity we will contact you shortly to confirm if you will be required to provide the following:** |
| * A comprehensive Risk Assessment for the activity, including children and vulnerable adults’ safeguarding measures where applicable * Public Liability Insurance of value no less than £5 million (or higher where required) * Relevant charges (if applicable) * Event plan (if applicable) * Site plan annotated with relevant details (if applicable) * Screenplay/stage play script (if applicable)   **Risk Assessments** help ensure the safety of your employees/participants/visitors, our staff/volunteers and the general public visiting our sites, as well as complying with the law.  You are not required to eliminate all risk, but should take steps that are ‘reasonably practicable’. **The risk assessment must be satisfactory for the activity to go ahead.**  More advice, and standard templates are available from the Health and Safety Executive: <http://www.hse.gov.uk/simple-health-safety/risk/index.htm>  **Please note, DfC reserves the right to refuse an application** |

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| **Please specify the name and address of individual/company/organisation to be invoiced:** | | | |
| **Name:** |  | | |
| **Address:** |  | **Email:** |  |
| **Postcode:** |  |

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| **Before proposed activity can be approved, please confirm that you understand and agree with the following:** |
| * I will seek and obtain all the required permissions from other relevant Regulatory Bodies **prior** to the activity * I will be required to bring a signed hard copy of DfC’s Activity Licence with me for the duration ofactivity * All permissions granted by DfC cover the **Site or Monument within State Care Area only** and it is applicant’s responsibility to seek any additional landowners’ permissions for the activities outside this zone * The information you supply to us will be held **ONLY** for administrative purposes of processing your application, we may hold this information for up to 5 years. We will not supply it to any third parties. |

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| **Signed by applicant** | | | | | |
| **Name:** |  | **Position in organisation:** If applying on behalf of company/organisation |  | **Application Date:** |  |