**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:** |       |