

# STANDARD EVENT BOOKING FORM



**Bluestone Medical**  
www.bluestone-services.co.uk

Our booking process explained: On the return of this form our event operations and logistics team will review the details you have provided, risk and resource assess your event and will return a quotation based on their suggestion of a safe level of cover. This level of cover is comprised from industry standard guidance, event histories, as well as years of relevant knowledge and experience. You have the option to accept this quotation, decline it or contact us to discuss the suggested cover.

Being a professional and responsible ambulance service, patient safety is our top priority. We will not accept or confirm a booking until both parties have agreed upon a safe level of cover. Further details can be found in our quotation terms and conditions. If you believe you already know the correct and safe level of cover requirements for your event, you can complete appendix A.

To get an accurate quotation, it is important the details on this form are correct if you have any questions while completing this form, please contact us on 01747 859205 or email: [operations@bluestonemedical.co.uk](mailto:operations@bluestonemedical.co.uk).



EVENT DETAILS			
Event Name:			
In a few words, please describe your event and what activities will take place:			
Is your event for Charity:		Charity Name & Number:	
How many people will be attending your event? <i>(You should include staff and contractors)</i>			
Attendance Profile: <i>(This is important for our risk assessments. Please circle all which apply)</i>			
EVENT LOCATION DETAILS			
Dates & Times <i>(If your event runs over multiple days and cover is required to stop and start, detail this in the 'Cover' section.)</i>	Date:		Event Start:
	Date:		Event Finish:
Full Site Address: <i>(If your event is a race and follows a pre-defined route, please use the start / finish addresses here)</i>			
What3Words Location:			
Venue Type:			
BOOKING CONTACT DETAILS			
Your Name:		What is your role in relation to the event?	
Your Phone Number:			
Your Email Address:			
Your Residential Address:			
EVENT POINT OF CONTACT			
Contact Name:			<i>This is who we report to and liaise with during the event. This person MUST be present on the event site and ideally will be a part of the organising team and have the power to make decisions.</i>
Phone Number:			
Event Role / Location :			
Radio Call Sign: <i>(if applicable)</i>			

INVOICING INFORMATION	
Invoice To	<p>These are the details we will use when we invoice you if you accept our quotation.</p> <p>If you require us to invoice a company, please include their company registration number.</p> <p>Payment terms are clearly displayed on our invoice, late payment may the risk cancellation of your cover. Further information is available in our booking terms and conditions supplied with your quote.</p>
Invoice Address	
Your Order / PO Number	
Contact Name	
Email Address	
Telephone	
Company Registration Number	

MEDICAL COVER REQUIREMENTS			
Cover Dates(s)	DD/MM/YY	DD/MM/YY	DD/MM/YY
Start Times	TT:MM	TT:MM	TT:MM
Finish Times	TT:MM	TT:MM	TT:MM
<b>Skills:</b> <i>(Quotes will be based on our suggestion of a safe level of cover, if you know you specifically need one of these skills, please tick the relevant box, if you are unsure please leave it blank)</i>	Welfare Team (WT)	Medical Technician (EMT)	Independent Prescriber
	First Responder (EFR)	Nurse (RN)	Critical Care Paramedic
	Care Assistant (ECA)	Paramedic (PARA)	Doctor (DOC)
<b>Resources:</b> <i>(If you are unable to provide a designated treatment area, we suggest requesting an ambulance to be used for this purpose)</i>	No Vehicle Required	Rapid Response Car (RRV)	Event Ambulance
	Unmarked Vehicle	Off Road Rescue (4x4)	Frontline Ambulance
<b>Fixtures:</b> <i>(Fixtures might not always be required. But you must select either a fixture we provide, a fixture you provide or an ambulance to be used as a designated treatment area.)</i>	Pop Up Medical Centre <i>(Holds 6 patients and includes a resus bay) (6m x 6m)</i>	Tent / Gazebo Provided <i>(We will contact you to ensure this will meet our requirements)</i>	Onsite Facilities Available <i>(we will contact you to ensure they meet our requirements)</i>
<b>Any Additional Requirements:</b> <i>(Please detail any additional or specialist requirements, such as welfare services etc.)</i>			
<b>Medical Staff Welfare:</b> <i>(Is there a staff rest area or any free drinks or food provided. If food or drink vouchers are provided where do we collect these?)</i>  <i>(For some events we may require a certain level of welfare to be provided, we will contact you to discuss this.)</i>			

EVENT HISTORY & SPECIFIC RISKS	
Who was your previous medical provider?	
What cover arrangements did they provide?	
Looking at your event history, please give us details of any serious injuries or deaths?	

Looking at your event history, what are the Casualty Rates?	First Event / No Data	Medium Casualty Rate (2-6%)
	Low Casualty Rate (<2%)	High Casualty Rate (6%+)
Does your Risk Assessment highlight any specific High Risk areas or Activities we should be aware of? <i>(For example, live roads, race tracks, animals, fire displays, axe throwing, chainsaws, fireworks, obstacle courses, firearms or archery,</i>		
If your event is sanctioned by a Governing Body, do they impose certain requirements for your medical provision? If yes, please give details: <i>(e.g. BHA, for some equine events. BARR or UKA for Road Running Races)</i>		
Additional Information: <i>(Please use this space to tell us any additional information about your event you think we might need to know. The more we understand about an event the better service we can provide)</i>		

<b>SUPPORTING DOCUMENTS</b>	
If you're attaching any supporting documents, please list them here: <i>(for example, route maps for a marathon or a site map for a festival)</i>	



Thank you for completing this form, please return it to: [operations@bluestonemedical.co.uk](mailto:operations@bluestonemedical.co.uk) – You will receive an email acknowledging we've received it, please allow us a few days to respond with a quote.

# APPENDIX A - COVER REQUIREMENTS



**!** THIS APPENDIX SHOULD ONLY BE COMPLETED IF YOU KNOW A SAFE LEVEL OF COVER YOU REQUIRE AT YOUR EVENT.  
WE MAY REFUSE TO ACCEPT YOUR EVENT IF WE FEEL THE COVER YOU'VE REQUESTED IS UNSAFE.



COVER REQUIREMENTS				
SHIFT DATE	GRADE REQUIRED	ROLE / POSITION	SHIFT START	SHIFT END

## ADDITIONAL REQUESTS & VEHICLE ARRANGEMENTS

Please tell us how you reached these requirements or the guidance they came from:

