

22	How many participants are anticipated for this event? (approx.)		
23	Who will be the Lead Referee/person in charge of the conduct of the event and compliance with the rules?		
	Name	Qualifications and experience	
24	Details of person in charge of the event safety management who holds an SLSGB Event Water Safety Manager Qualification		
	Name	SLSGB Membership No.	
25	Are all the safety personnel qualified to SLSGB standards and as required by the SLSGB National Safety Guide?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26	Is the event being run by or for an SLSGB Region	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27	Do you have any of your own insurance cover? If yes please attach a copy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Attached <input type="checkbox"/>	

I the undersigned confirm that I am fully and properly authorised by the Event Organiser to make this application and that by doing so am committing the Event Organiser to the terms and conditions as set out in this application.

I agree that the event organiser as specified in this application is responsible for ensuring that third party contractors at the event have relevant insurance, risk assessments, competency and experience and that it is the entire responsibility of the event organiser to ensure implementation of the event risk assessments, operating plans and adhering to event rules, and all necessary safety requirements.

I confirm that to the best of my knowledge and belief the information given on this form is correct.

I agree that, if any of the details given change before the event is conducted, I will immediately notify SLSGB of the amendments, and that failure to do so could result in SLSGB accreditation being withdrawn.

I understand if I need any assistance with delivery or resources for my event, I will complete a Service Level Agreement Form with SLSGB.

I attach a copy of the event programme and entry form (as appropriate).

I request that SLSGB accredit this event.

Signed	Date
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(THIS MUST BE THE PERSON DESCRIBED IN SECTION 3 ABOVE)

FOR OFFICE USE ONLY			
Date application received by SLSGB	<input type="text"/>	Application Number	<input type="text"/>
Does the event require SLSGB support?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If "yes" refer application to the National Event Manager to arrange Service Level Agreement (do not proceed until further check complete)</i>			
Referred to Event Manager and Service Level agreed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has use of the day membership been authorised?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a completed risk assessment attached for the venue and/or event?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a completed EAP attached?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there an SOP and completed LOP attached?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there written evidence of landowner's permission attached?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If a backup venue is required, has evidence of permission from landowner been provided?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Payment Received?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does event meet SLSGB declared activity description for recognised events?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If no refer to insurers (if outside of regular activities)</i>			
TO BE COMPLETED AND SIGNED OFF BY THE NATIONAL SAFETY AND OPERATIONS MANAGER			
What level of risk has this event been evaluated at from the submitted RA's?		High <input type="checkbox"/>	Medium <input type="checkbox"/>
<i>provide written evidence of evaluation of risk level</i>			
Accreditation Granted?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If no there must be a record of specific reasons to be signed off by both the National Events Manager & National Safety & Operations Manager</i>			
Is accreditation conditional to specific conditions?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have conditions been confirmed to event organiser in writing?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have conditions been followed up and confirmed to be achieved satisfactorily?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Confirmation sent to event organiser (including SLSGB insurance certificate, if appropriate)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Event information for publicity received?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Event advertised on the SLSGB website?		Yes <input type="checkbox"/>	No <input type="checkbox"/>