Camps Event Management Plan

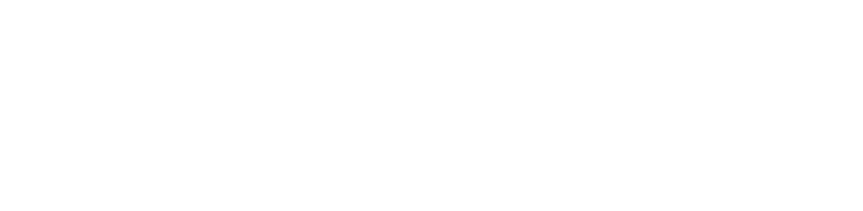
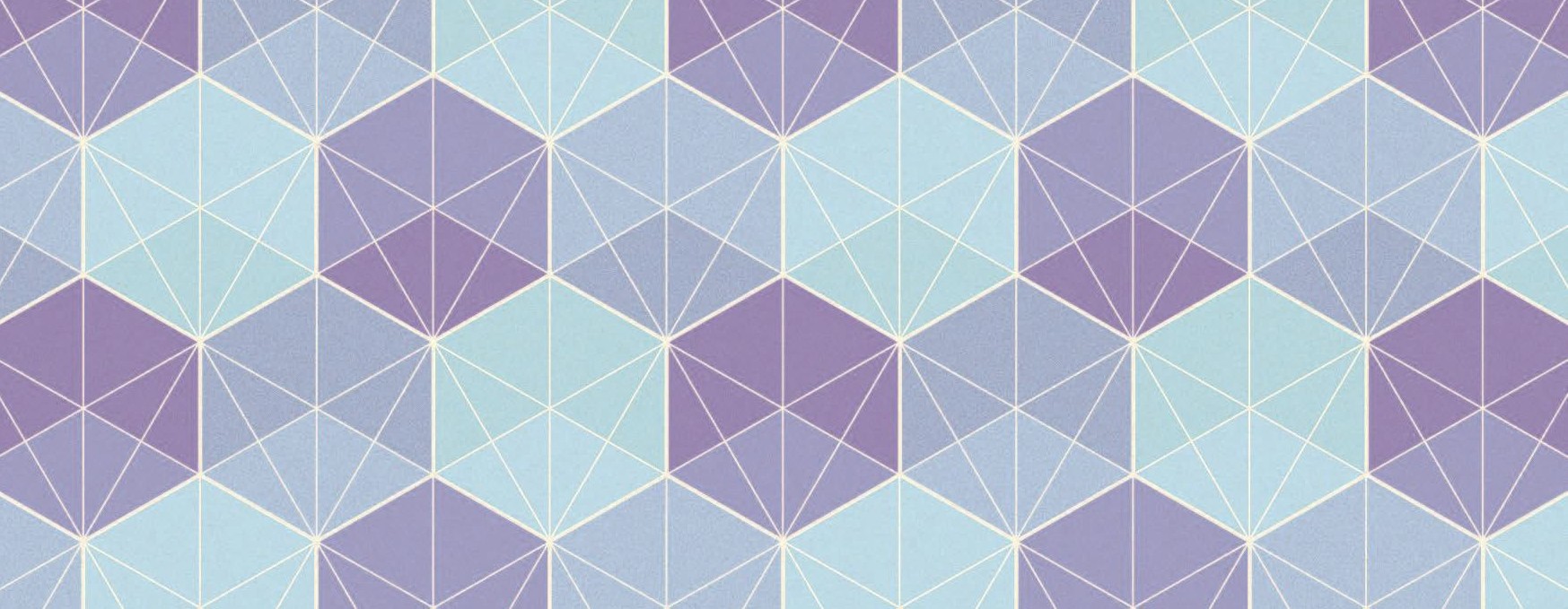
This form must be completed at least **8 weeks prior** to the event date.

This form must be scanned and submitted to [events@guild.uwa.edu.au](mailto:events@guild.uwa.edu.au) or printed and handed in at the UWA Student Guild Events Office.

*Please ensure that* ***all*** *criteria are correctly filled before submitting.*

# Office Use Only

**Date received: Received by: Approved by: Comments:**



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **SECTION 1 | EVENT DETAILS / SUMMARY** | | | |  |
| Event Name: **Unigames Camp** | | | | | |
| Event Date  Start Date: **26/06/15**  End Date: **29/06/15** | | | Event Time  Start time: **15:00**  End time: **10:00** | | |
| Event Location: **Camp Leschenaultia** | | | Venue Type: **Hall with dormitories** | | |
| No of Guests Invited: **250** | | No of Guests Expected: **45** | | Venue Capacity: **80** | |

* 1. **Categorisation (as per the Camp policy)**



1. Inclusive camp for all ages with no alcohol present.
2. **18+ camp with alcohol and strict compliance with camps**
3. Camps with alcohol and under-agers can only be held if we consult the University and determine that it will not result in a breach of our obligations under the Guild’s Service Level Agreement with the University (will only be approved under special circumstances)

# Description of the Event

What is the main purpose/attraction? **A social camp for people to enjoy tabletop games with other members.**

What activities will be on during the event?

1. **Various table-top board games and table-top role playing games**

2. **Quiz Night**

3. **LARP (Live action role-play event, similar to capture the flag but with wizards)**

**4. Poetry Slam**

# SECTION 2 | EVENT DETAILS

* 1. **Transportation**

How will attendees get to/from the Camp location? **Attendees must provide their own transport.**

If you are providing transport:

Please advise the type of transport?

Please advise what transport is available for guests who wish to leave the camp early?

**There will always be a leader with a Driver’s License and available vehicle on duty. Camp Leaders will be able to drive attendees home or to another form of transport if necessary. 4 Camp leaders will be sober for the entire event; Jen, Ruisi, Sarah, Rowan.**

Event starting location: **Camp Leschenaultia**

Event end location: **Camp Leschenaultia**

# The Venue

Complete Address of where guests will stay the night:

**400 Leschenaultia Place, Chidlow, WA, 6081**

Has written approval been received from the location in writing to host your event? **Yes**

Have you researched and do you fully understand the locations rules and regulations related to holding your event on their premises? **Yes**

Please provide contact details for the venue:

* + - Phone: **(08) 9295 5444**
    - Email: **info@camplesch.com.au**
    - Other: **0409 104 817**

# Accommodation

Type of accommodation: **Dormitories, attendees will be given the option of a single-sex dorm and mixed dorm. If there is demand for a second female or male-only dorm, one of the mixed dorms will be used and signed as necessary.**

Configuration (i.e. how is accommodation allocated)

|  |  |
| --- | --- |
| No. of male dorms available | **1**  22 beds |
| No. of female dorms available | **1**  22 beds |
| No. of mixed dorms available | **3**  38 beds |

# Facilities

Please list the facilities at the location:

**Male and female ablutions**

 **Fully equipped kitchen with cool room**

 **Recreational Hall with communal dining area**

Are there any local swimming holes? **No**

If yes – please provide details of an appropriate life guard who will monitor the swimming hole:

Please advise what you will do to mitigate the risk associated with drinking and drowning?

Have you confirmed there are sufficient waste and recycling facilities onsite?

Please indicate the number of toilets available for use during the event:

|  |  |
| --- | --- |
| Male WC's | **2** |
| Metres of urinal | **1** |
| Female WC's | **3** |

# Cleaning

Please advise what you have in place to ensure the camp and supporting facilities are kept clean, safe and healthy:

**A complete and thorough clean of the facility will take place before guests arrive.**

**All club members will be asked to assist with cleaning prior to departure on Monday morning.**

**The kitchen will be cleaned after cooking, and eating areas will be wiped down before and after meals.**

**Adequate waste facilities will be provided.**

**Rostered committee members will be responsible for checking the state of facilities, dorms, bathrooms, etc, every day as per a cleaning roster. Roster attached.**

# Catering, Food and Snacks

Catering at the location? **Provided for by the club, menu attached.**

|  |  |  |
| --- | --- | --- |
| **Meal** | **Item** | **Price** |
| Breakfast |  |  |
| Breakfast |  |  |
| Breakfast |  |  |
| Vegetarian Breakfast |  |  |
| Lunch |  |  |
| Lunch |  |  |
| Lunch |  |  |
| Vegetarian Lunch |  |  |
| Dinner |  |  |
| Dinner | **Menu attached** |  |
| Dinner |  |  |
| Vegetarian Dinner |  |  |
| Snacks |  |  |
| Snacks |  |  |
| Snacks |  |  |
| Snacks |  |  |
| Snacks |  |  |
| Snacks |  |  |
| Snacks |  |  |
| Snacks |  |  |
| Vegetarian Snacks |  |  |

Please detail the food available:

Please provide details of the person cooking the food: **Ruisi Chen, UniGames secretary 2015. Student, works at catering business.**

Has this person completed a food safety training course? **Yes**

Please provide details of the course:

**Follow basic food safely practices HLTFS207C**

**Use hygienic practices for food safety SITXFSA101**

# Safety and Security

Is your event in a remote location? How close is the nearest town?

**The event’s location is the town of Chidlow, which is within the Perth Metropolitan Area and approximately 50 minutes from Perth CBD.**

Do you have sufficient mobile phone coverage at the camp location? **Yes**

If you are moving location do you have sufficient mobile phone coverage at each event location?

**We are staying at camp the whole time. All activities are on-site.**

What is the closest hospital and how far away is it?

**The closest hospital is Swan District Hospital Campus, 35 kilometres from the venue and approximately a 30 minute drive.**

Outline the systems and technologies that event staff will use to communicate with police, security and emergency service personnel:

 **Camp leaders’ mobile phones will be used to contact emergency service personnel**





# Event Management

Please list the provisions you have made to minimise and monitor the level of noise:

 **Noise restrictions will be in place during sleeping hours.**

 **The use of music speakers will be restricted after 12am indoors and at all times outside.**





Will an information centre be clearly identified and available to patrons at the event? **Yes**

What systems and technologies will be in place for communicating with patrons?

**Camp leaders will communicate with all guests verbally during the event.**

**Signage will be present in the communal space and dorms regarding emergency exits, alcohol-free areas, and the single-sex/shared nature of the dorms.**

**Camp leaders, RSAs and First Aiders will be wearing labelled lanyards to identify them.**

**An Info Centre, near the entrance of the building and on the site map attached, will display code of conduct, daily schedule, free menu and snack price list, first aid officer roster and how to identify them, evacuation procedures, and camp leader info and how to identify them.**

Have you completed and included a site plan complete with the below information:

**Please find Camp Site Plan attached.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Checklist** | **Explanation** |  | **Checklist** | **Explanation** |  |
| *The surrounding area* |  | Y | *lost property* | Info center | Y |
| *Entrances and exits* |  | Y | *drinking water sites* | Info center | Y |
| *emergency access*  *routes* |  | Y | *food* | Kitchen | Y |
| *vehicle pathways* |  | Y | *toilets* |  | Y |
| *pedestrian pathways* |  | Y | *fire extinguishers* |  | Y |
| *parking* |  | Y | *public telephones/help points* | Info center | Y |
| *sleeping arrangements* |  | Y | *other:* |  |  |
| *locations of activities* |  | Y | *Information Centre* | Near entrance | y |
| *security locations* |  |  |  |  |  |
| *first aid* |  | Y |  |  |  |
| *chill out zones* |  | Y |  |  |  |
| *alcohol free areas* | Dorms and Toilets |  |  |  |  |
| *alcohol permitted areas* |  | Y |  |  |  |

# SECTION 3 | GUESTS

Please state an estimated number of attendees in each age bracket:

< 18 No. of total audience: **Nil**

18 – 25 No. of total audience: **40**

25 – 29 No. of total audience: **5**

30 – 39 No. of total audience: **Nil**

40+ No. of total audience: **Nil**

Non UWA Students No. of total audience: **5 Non-UWA students will have their photo ID photocopied at time of sign-up for the camp. They are all UWA graduates and members of club. They are not older than 28, and two are married to each other.**

No of persons of responsible persons at the event: **Four responsible people; Jen, Ruisi, Sarah, Rowan. All will have identifying camp leader (and first aid if correct) lanyards.**

*(Responsible persons have completed all event management training and will be in a drug free and sober state with a 0% BAC)*

No. of qualified first aiders at the event: **Two qualified First Aiders will be present and sober for the entire camp. Ruisi and Rowan will have first aid lanyards to identify them.**

Is the event ticketed? **Yes**

Ticket Price:

**$100 for members who purchase tickets on or before 19 June,**

**$110 for members who purchase tickets on or after 20 June**

How many are attending the camp without paying a ticket price? **None**

Has the event been advertised externally? **No**

How will you manage circumstances should unexpected guests arrive at your location?

**Any guest without a valid ticket will be refused entry to the event and asked to leave by a camp leader. The camp manager would be contacted if the unexpected guest refuses to leave. Camp manager may contact the police.**

# SECTION 4 | Event Organiser

Name:

Address:

Telephone (work): Telephone (mobile):

Telephone (home): Contact Number during the event:

Email address: **@student.uwa.edu.au**

Guild Training Modules Completed:

**Mental Health Awareness  
Diversity Dialogues  
Reducing the Risk of Sexual Assault  
Management and Inclusivity  
Risk Management  
Camps**

**RSA**

**Mental Health Awareness**

**Diversity dialogues**

# Event Organiser second in command

Name:

Address:

Telephone (work): Telephone (mobile):

Telephone (home): Contact Number during the event:

Email address: @student.uwa.edu.au

Training Modules Completed:

**Mental Health Awareness  
Diversity Dialogues  
Reducing the Risk of Sexual Assault  
Management and Inclusivity  
Risk Management  
Camps**

**Mental Health Awarenees**

**Diversity Dialogues**

**RSA**

# First Aid

Name of individuals:

Address:

Telephone (mobile):

Contact Number during the event:

Email address: @student.uwa.edu.au

@student.uwa.edu.au

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **SECTION 4a | CATEGORISATION** | | | | |  |
| **Please complete this section if your event falls into Category 1: (Inclusive Event with No**  **alcohol present) *NOT APPLICABLE TO OUR CAMP***  How many guests are attending?  How many responsible persons will be operating the event?  Do all responsible persons have valid Working with Children cards?  Have you obtained the required permissions and contact details for parents of underage guests? Have you obtained the required information regarding attendee’s physical and mental health? Have you obtained the required information regarding attendee’s dietary requirements?  Have you ensured water is provided free of charge and water locations are clearly marked? | | | | | | |
| Yes | |  | No |  |  | |

# SECTION 4b | CATEGORISATION

**Please complete this section is your event falls into Category 2: (18+ Event with strict compliance to Camps Policy)** How will Alcohol be served at the event:

**BYO alcohol will be allowed to be consumed at the event** There is a licensed premise at the location

What measures do you have in place to ensure the safe consumption of alcohol?

**Restricted drinking hours in place, 6pm – 12am Friday and Saturday, 6pm – 10:30pm Sunday**

**Patrons will only be served one drink at any one time, to a maximum of one standard drink an hour**

**RSA Staff will be allowed to keep a record of drinks served to assist them in their responsibilities and identify possibly intoxicated guests**

* **Camp is BYO and attendees will be supplying their own alcohol**
* **UniGames will supply no alcohol**
* **Guests may only bring beer, cider, wine and premixed drinks.**

**Alcohol will be taken from patrons upon arrival, labeled and securely stored**

* **Alcohol will be served back to attendees by RSA staff a standard drink at a time**
* **No alcohol in dorms, bathrooms, the kitchen, or outside.**

What foods will be available throughout the entirety of the event?

**Self-made sandwiches/toasties**

**Fruit**

**Leftover meals**

**Cereal**

Please list all beverages you will be providing at the event? (including alcoholic and non-alcoholic (we recommend canned soft drinks)

|  |  |  |  |
| --- | --- | --- | --- |
| Beverage | Served in | Quantity | Cost |
| **Water** |  |  | **Complimentary** |
| **Juice / Cordial** |  |  | **Complimentary** |
| **Milk** |  |  | **Complimentary** |
| **Tea / Coffee** |  |  | **Complimentary** |

Will water be provided free of charge throughout the event? **Yes**

Are the locations of the water stations clearly marked on the map? **Yes**

How many organisers will not be consuming alcohol during the event? **4**

Are you providing security? **No**

Please provide details of your plan to manage intoxicated guests: **Intoxicated quests will be attended to and cared for by camp leaders and a first aider. They will be put to bed, given water and monitored. They will not receive any more alcohol. If necessary a first aider will perform/call for necessary aid.**

Have you researched and do you fully understand the licensing requirements of the venue, UWA policy on alcohol and other drugs and liquor licensing act 1988. **Yes. NOTE guest may keep their mobile phones for the duration of the camp. Code of conduct will remind them not to take photos/videos while intoxicated or in dorms or bathrooms.**

# SECTION 4c | CATEGORISATION

**Please complete this section is your event falls into Category 3: (Camps with alcohol and under-agers can only be held if we consult the University and determine that it will not result in a breach of our obligations under the Guild’s Service Level Agreement with the University) NOT APPLICABLE TO OUR CAMP**

**Alcohol and Underage guests**

How will underage guests be identified?

How do you plan to keep alcohol away from underage guests?

What are your procedures if an 18+ provides an underage guest with an alcoholic beverage?

How will you advise guests about alcohol consumption, including that alcohol will not be served to juveniles and intoxicated patrons? Please provide examples:

How many alcohol dispensing and consumption areas will be available?

|  |  |
| --- | --- |
| Dispensing |  |
| Consumption |  |

How will the boundaries of consumption areas be defined?

# Alcohol Management

How will Alcohol be served at the event:

BYO alcohol will be allowed to be consumed at the event There is a licensed premise at the location

What measures do you have in place to ensure the safe consumption of alcohol?







What foods will be available throughout the entirety of the event?







Please list all beverages you will be providing at the event? (including alcoholic and non-alcoholic)

|  |  |  |  |
| --- | --- | --- | --- |
| Beverage | Served in | Quantity | Cost |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

What types of containers will be used to serve drinks?

1.

2.

3.

How many organisers will not be consuming alcohol during the event?

Are you providing security?

Yes No Number of Security

Please provide details of your plan to manage intoxicated guests:

# SECTION 5 | HEALTH, SAFETY and SECURITY

Has a security firm been contracted? **No**

Please provide details:

|  |  |  |  |
| --- | --- | --- | --- |
| Company |  | Contact Person |  |
| Contact Number |  | Contact Email |  |
| Licence/accreditation  details |  | No. of personnel |  |

Security will commence at: Security will conclude at:

What security arrangements have been made for:

|  |  |
| --- | --- |
| Cash | **N/A people will be in charge of their own money** |
| Asset Protection | **Organizer and committee surveillance** |
| Prohibited Items | **Locked away under surveillance or disposed of** |

Have you considered the following potential safety and security issues and please outline what you have put in place to mitigate these risks: **See RMP**

|  |  |  |
| --- | --- | --- |
| Sexual Assault |  |  |
| Bullying |  |  |
| Peer Pressure |  |  |
| Racism |  |  |
| Sexism |  |  |
| Mental and Physical Abuse |  |  |

# Emergency Procedures:

Have you attached details of your evacuation plan? **Yes**

How will these details be circulated to guests? **Details provided in attendee information pack, in online event information, and in event information email to be sent out.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **SECTION 6 | CONSULTATION**  **6.1 Stakeholder List** | | | | |  |
| List the names of individuals and organisations you have consulted with in the planning on this  event: | | | | | | |
|  | | **Stakeholder** | **Contact Name** | **Telephone** |  | |
| UWA Student Guild | Chloe Jackson | 6488 5340 |
| Camp Leschenaultia | Paul Penrice | 9295 5444 |
| UniGames | The committee | 0409658665 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# 6.2 Meetings

**Planning Meeting**

# Date: 20/04/15 Time: 14:00 Venue: UniGames Clubroom

**Briefing Meeting**

# Date: 22/06/15 Time: 12:00 Venue: UniGames Clubroom

**Debriefing Meeting**

# Date: 29/06/15 Time: 13:00 Venue: UniGames Clubroom

# SECTION 7 | TICKETING AND PROMOTION

Is the event ticketed? **Yes**

What is the ticketing process? **All tickets will be pre-sold**

How much are tickets? **See Section 3**

What is included in the price of the tickets? **Accommodation, food, access to all Unigames’ table-top games present at the venue**

What is the focus of the event? **Social table-top games**

How is this explained in the publicity and promotion? **The event will be publicly promoted as a table-top games social event in an active social environment.**

How will the event be promoted? **Posters on campus, club website, club mailing list, and club Facebook group**

Does the event promotion and publicity reinforce the messages about safe drinking practices? **Yes**

Have you included any of the following messages in promotional and publicity material?

|  |  |  |  |
| --- | --- | --- | --- |
| *RSA practices will be followed* | **Y** | *Don’t drink and drive* | Y |
| *18+ if applicable* | **Y** | *Water will be freely available* | **Y** |
| *ID required* | **Y** | Alcoholic and Non-alcoholic areas are available | Y |
| *Organise a designated driver* |  | *Glass containers are not permitted* |  |
| *Go to chill out/rest area for help* |  | *Bags and eskies may be searched or restricted* | Y |
| *Food and snacks will be*  *available* | **Y** | *If inclusive event - parental consent may be*  *required* |  |

# SECTION 8 | INSURANCE and PERMITS

Have you investigated public liability and duty of care issues and obtained appropriate insurance?

No

**Yes, our club is affiliated with the UWA Student Guild and our normal events approved by the Guild are covered under the Guild’s insurance policy**

Yes, our event is covered by the University’s insurance policy Yes, other

What are the health and safety permits required by the local council? Please list all the permits/approvals required or obtained for this event: **N/A**

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





# SECTION 9 | COMPILE A FILE

Has a filing system been established? **Yes**

Who is responsible for maintaining this file?

**Sarah Lewis, Event Manager**

# Documents to be kept:

Complete the following checklist to ensure that all records are included in the file and submitted where required:

|  |  |  |  |
| --- | --- | --- | --- |
| Event Plan | Y | Emergency Plan | Y |
| Complete Itinerary | Y | Key contact list inc. local services | Y |
| Written approval from the venue | Y | Publications/advertisements | Y |
| Organisers training certificates | Y | Internal correspondence |  |
| First Aiders certificates | Y | External correspondence |  |
| Details of committee members | Y | Quotes for services/products |  |
| Stakeholders contacts | Y | Activity program | Y |
| Applications for licenses |  | Contracts |  |
| Site Plan | Y | Risk Management Plan | Y |
| Attendance list | Y | Staff/Volunteer details | Y |
| Information document for attendants | Y |  |  |

# SECTION 10 | EVENTS AUDITS

Events may be audited by UWA to ensure they comply with the relevant University policies and state legislations.

I agree to comply in all respects with the conditions and regulations for organising and running an event both on and/or off the University Campus.

# Event Manager Signature: Date:

**SECTION 11 | DECLARATION AND SIGNATURES**

I agree to comply with the legislation outline in the following documentation:

# The Charter of Student Rights and Responsibilities:

Sign: Date:

# The University Policy on Alcohol and Other Drugs:

Sign: Date:

# The Code of Ethics and Code of Conduct:

Sign: Date:

# The Work Health and Safety Policy:

Sign: Date:

# The Liquor Control Act 1988:

Sign: Date:

# The Sex Discrimination Act 1984:

Sign: Date:

# I agree to host my event in complete alignment with the specifications and details outlined in this plan and in accordance with the event management policy:

Sign: Date: