



# AMBULANCE VICTORIA

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## EVENT BOOKING FORM + QUOTATION REQUEST

Please complete this form and fax/email to Ambulance Victoria

BILLING/CONTACT DETAILS			
<b>Event Name:</b>			
<b>Name of Organisation:</b>			
<b>Billing Address:</b>	Street:		
	Postal:		
	Suburb:	Postcode:	
<b>Event Contact:</b>	Name:	Mobile:	
	Fax:	Email:	
	Signature: .....	Date:	

EVENT INFORMATION			
<b>Type of Event:</b>	(eg music, sport events , motor sports, etc)		
<b>Notification Only:</b>	<input type="checkbox"/> Yes Road closures? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , send details to <a href="mailto:roadclosures@ambulance.vic.gov.au">roadclosures@ambulance.vic.gov.au</a>		
<b>Event Location/Address:</b> <i>(attach map or directions if available)</i>	Event Address:		
	Suburb:	Map/Melway Ref:	
	Site Contact Name:	On Site Phone Number:	
<b>Event Schedule:</b> <i>(attach if more space needed)</i>	Start Date:	End Date:	Start Time: End Time:
	Start Date:	End Date:	Start Time: End Time:
	Start Date:	End Date:	Start Time: End Time:
<b>Has AV supported this Event previously?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No. If <b>yes</b> , when?:	<b>Number of people expected:</b>	
<b>Other Information:</b>	First Aid agency engaged? <input type="checkbox"/> Yes <input type="checkbox"/> No. If <b>yes</b> , who?:		

AV EMU OFFICE USE ONLY			
Form Checked <input type="checkbox"/>	Entered onto AV Database <input type="checkbox"/>	Client #:	Note(s):
Risk Assessment:			
Resourcing:			
Special Equipment:	Emerg:	Non-Emerg:	
Local AV Liaison:	Name:	Region/Branch:	Mobile:
Quotation:	<input type="checkbox"/> Date:	Sent to Organiser: <input type="checkbox"/> Date:	Accepted: <input type="checkbox"/> Y <input type="checkbox"/> N
Dept Notification(s):	Distributed: <input type="checkbox"/> Date:	Ops Order: <input type="checkbox"/> Date:	HEMP:
Post Event:	Debrief: <input type="checkbox"/> Yes <input type="checkbox"/> No	Event Report: <input type="checkbox"/>	Notes: <input type="checkbox"/>
Invoicing:	Invoice Request:	Invoice Number:	Date Sent:

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Department & Division:	xxx	Applicable to:	xxx
Date first created:	March 2010	Version No:	1.0
Authorisation:	xxx	Date this version approved:	xxx
Purpose:	To be used by event organisers to book AV attendance and receive a quotation in advance		
Form No:		Trim Reference:	xxx Page 1 of 1