

Event Plan

A. General Information

Event Title: _____ *Event Date:* _____
Prepared by: _____ *Time:* _____

B. Points of Contact

Principal individuals who may be contacted for information regarding this event.

<i>Name</i>	<i>Position</i>	<i>Organisation</i>	<i>Phone</i>	<i>E-mail</i>

C. Contractor Information

Event Venue :

Company Name:

<i>Position</i>	<i>Name</i>	<i>Phone</i>	<i>E-mail</i>

Transport :

Company Name:

<i>Position</i>	<i>Name</i>	<i>Phone</i>	<i>E-mail</i>

D. EVENT OVERVIEW

1. Rationale

(Event Title, Date & Venue)

Give an overview of the event and the reasons for it.

2. Aims & Objectives/Target Audience

Target Audience

Aims & Objectives

Aim

The overall aim of the event is to....

Objectives

3. Event Schedule

Provide a timetable of the event

4. Staff

Provide a list of key staff

5. Direct Marketing (How are you going to market & promote your event)

<i>Addressee</i>	<i>Objective</i>	<i>Methodology</i>

9. Risk Planning Summary

RISK ANALYSIS AND MANAGEMENT SYSTEM (RAMS)

ACTIVITY/SITUATION:

Analysis

Description

RISKS Accident, injury, other forms loss				
RISK MANAGEMENT STRATEGIES	Normal Strategies			
	Emergency			

<p>RELEVANT INDUSTRY STANDARDS APPLICABLE</p>			
<p>POLICIES AND GUIDELINES RECOMMENDED</p>			
<p>SKILLS REQUIRED BY STAFF</p>			
<p>FINAL DECISION ON IMPLEMENTING ACTIVITY</p>	<p>Please choose <u>one</u></p>		
	<p>Accept</p>	<p>Committee Members</p>	<p>Reject</p>
		<p>Name & Title ----- ----- (please sign to accept or reject) Date:</p>	
		<p>Name & Title ----- ----- (please sign to accept or reject) Date:</p>	

	<p>Comments:</p> <p>Please sign the RAMS form and return it to _____.</p> <p>Postal address:</p> <p>The form can also be scanned and returned by email to _____</p>
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RAMS Form Prepared by _____ Date: _____