Eligibility

Thinking of organising an outdoor sporting event?

Events such as triathlons, marathons, rowing regattas, bike rides, fun runs, walks require a booking. All groups, clubs, casual users, schools and event organisers are required to gain land owner approval for use of City of Melville land, reserves, roads, pathways and facilities.

Where events are on roads or crossing roads / driveways and/or have road closures or temporary suspensions a Traffic Management Plan will be required to be submitted.

For further information visit the <u>Main Roads and Traffic Management for Events</u> Code of Practice and website to work through requirements.

Approval should be sought from <u>Department of Biodiversity</u>, <u>Conservation and Attractions</u> for those events being held on the water.

Please note, booking requests may be declined if they conflict with prior bookings and/ or Club allocations or if the nature of the booking is not considered appropriate for the requested location.

If required, please liaise with our Community Recreation Team for further information. You can contact the team on **9364 0189** or email rdo@melville.wa.gov.au.

Please complete this form and fill in all required components before submitting.

The application should be submitted no less than 2 months before the event date. Incomplete applications received will not be considered.

** COVID-19 **

It is the responsibility of all applicants to comply with and maintain compliance with the directives issued by the State and Federal Governments in relation to Covid 19. Please remain up to date with the requirements during this period. If you have any questions regarding the Covid 19 restrictions please contact the National Coronavirus Helpline, 1800 020 080.

Regular review of the State Governments COVID-19 coronavirus: Community advice web site (Click Here) or the Covid 19 Coronavirus: Sport West (Click Here) is encouraged.

Hand sanitiser is required to be available to all patrons and regular cleaning to be provided by the applicant.

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the <u>Australian Privacy Principles</u> (APPs) as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment (Enhancing Privacy Protection) Act 2012. Click to view the <u>Privacy Statement</u></u>

Please note

Before completing this application form, you should have all relevant details of the event and any applicable attachments.

Incomplete applications will not be considered and cause delays in the approval process.

Contact Details
* indicates a required field
Applicant Organisation Details
Applicant organisation name * Organisation Name
Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.
Department / Branch
Use this field only if relevant
Applicant Primary Address Address
Applicant Postal Address Address
If different to the above
Applicant website
Must be a URL
Primary contact person * Title First Name Last Name
This is the person we will correspond with about this grant
Position held in organisation *
e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *	
Must be an Australian phone number.	
Primary contact person's email address *	
This is the address we will use to correspond with you a	about this grant.
Organisation Details	
* indicates a required field	
Does your organisation have an ABN? * ○ Yes	No
Is your organisation registered with the Auston Commission (ACNC?) O Yes If you're unsure, you can check your registration at the	No
What is your incorporation number?	
Incorporated Association or Australian Corporation Num	nber
What type of not-for-profit organisation are Educational institution (includes pre-schools, sproviders) Peak body Social enterprise International NGO Professional association Healthcare not-for-profit Community group Political party / lobby group Research body General not-for-profit (i.e. none of the sub-type) Please choose the option that best applies to your organization.	es listed above)
Public Liability	
Please upload the current Certificate of Current Attach a file:	rency *

Event Details		
* indicates a required field		
Event Name *		
The name of your outdoor event		
Please provide a short summary of yo	ur outdoor eve	ent
Be descriptive, Include a brief summary of who you will perform), and what effects you expect		
Event Locations and Dates		
Date of Event		
Event Date/s	Location of	Event
Must be a date.		
Event Times		
Start of Event *		
Time the event will begin		
End of event *		
Latest time the event will go until		
Does this include set up and pack dow ○ Yes ○ No	vn? *	Other:
If other, please include times		
Event Numbers		

How many participants are you expecting to attend the event? *

Must be a number.		
Registration fee?		
Does your event charge a fee for	registering to be apart of the activity?	
Do you charge a fee? *		
Please use the drop down box to ans	wer	
Course Information		
* indicates a required field		
	Course Map / Routes	
	Please provide adequate maps relating to the route throughout the City of Melville.	e entire event
	At least 1 map is required to be uploaded bel are others please continue to upload.	ow, if there
	If you have other maps relating to parking recother, please upload here.	quests or
Upload File *	Attach a file:	
	coures map, route, location of event requested	
Upload File	Attach a file:	
Upload File	Attach a file:	
	Aug. I. Cil	
Upload File	Attach a file:	
Upload File	Attach a file:	
Event requirements / requ	uests	

Any Event specific requests eg. Food, structures, parking requirements etc please list below

Traffic Management

* indicates a required field

Traffic Management Plan

Does your event require a road closure, temporary suspension, car park crossing or similar? You might be required to submit a Traffic Management Plan (TMP)

Please read through the requirements of a TMP for events from Main Roads WA - <u>Events on</u> Roads

Does your event req	uire a Traffic	Management	Plan? *

Choose a response from the drop down box.

Traffic Managment Plan

Attach a file:

Submit at a later date

For large events the Traffic Management Plan can take some time to prepare, therefore if you would like to apply for the event and submit the TMP later the City of Melville will allow for this to be done.

Please indicate below if you require to do this;

TMP will be submitted later *

Choose a response from the drop down box

If you are submitting at a later date, it is required to be submitted to the City of Melville no later than 6 weeks prior to the event.

If the TMP is not submitted, the event will not gain approval.

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the application is true and correct, and I understand that if the applicant organisation is approved for this event, we will be required to accept the terms and conditions of the approval letter.

I agree *		○ Yes			○ No		
Name of authorised	ed	Title	First Name		Last Nan	ne	
person *							
		Must be a sauthorised	senior staff me volunteer	ember,	board me	ember or a	appropriately
Data *							
Date *							
		Must be a	date				
Applicant Feed	back						
You are nearing the	and of the ar	onlication r	orocess Refo	ore voi	ı review y	vour ann	lication and
click the SUBMIT b							
Please indicate h	Please indicate how you found the online application process:						
	Easy	○ Ne		O Diff		O Ve	ery difficult
How many minute	es in total di	d it take '	vou to comi	plete	this app	olication	? *
				•	• • •		
Estimate in minutes i.	e. 1 hour = 60	minutes					
Please provide us	with your s	uggestio	ns about an	ıy imp	roveme	nts and	/or
additions to the a							