**Event Request Form**

Please use this form to request our Community Safety staff to attend your event for either:

* Stall - providing fire safety advice to the community & leaflets etc.
* Fire Safety Talk – to give your group advice about fire safety in the home.

Please be aware that we cannot give a fire safety talk to both adults and children at the same time due to the variations in fire safety messages.

We will require a minimum time of 1 hour to deliver a fire safety talk.

Attendance at your event will only be considered upon receipt of this request form.

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| I would like to request the following: | Stall | |  | | Fire Safety Talk | | |  | |
| Contact Name: |  | | | | | | | | |
| Name of Organisation & Address: |  | | | | | | | | |
| Postcode: |  | | | | | | | | |
| Contact Telephone Number: |  | | | | | | | | |
| Contact E-mail Address: |  | | | | | | | | |
| Name of Event: |  | | | | | | | | |
| Date of Event: |  | | | | | | | | |
| Time of Event (Start & Finish Times): |  | | | | | | | | |
| Address of Event:  *(if different from Organisation Address)* |  | | | | | | | | |
| What is the aim of the Event? |  | | | | | | | | |
| How many attendees are expected? |  | | | | | | | | |
| Details of whom you are expecting to attend: | Families |  | | Children | |  | Lone Parent | |  |
| Senior Citizens |  | | Excluded Children | |  | Carers | |  |
| BME |  | | Disabled | |  | Other Vulnerable Group (please specify): | |  |
| What benefits will be gained by SYFR attending the Event? |  | | | | | | | | |
| Additional Contact details for Event / Any other information: |  | | | | | | | | |

**Please email this form to – JCSDadmin@syfire.gov.uk**