



White Star Medical Services Ltd

Event Medical Cover - Enquiry Form

Please email this form to info@whitestarmedical.net or return by post to White Star Medical Services, 29 Roman Way, Bourne End, Buckinghamshire, SL8 5LJ

White Star Medical endeavours to reply to all queries within 24hrs. We will recommend a certain amount of resources for an event based on your answers, if you would prefer to request a certain level of cover please include details in additional information.

Event name:

Event contact name:

Event contact phone number:

E-mail:

Address of event

Event date[s]:

Start time of cover:

End time of cover:

Venue details: (e.g. indoor, temporary structure, stadium, outdoor)

Event Participants				Crowd (including spectators and/or customers)			
<input type="checkbox"/> <10	<input type="checkbox"/> >10	<input type="checkbox"/> >20	<input type="checkbox"/> >30	<input type="checkbox"/> <1000	<input type="checkbox"/> >1000	<input type="checkbox"/> >3000	<input type="checkbox"/> >5000
<input type="checkbox"/> >50	<input type="checkbox"/> >100	<input type="checkbox"/> >200	<input type="checkbox"/> >300	<input type="checkbox"/> >10000	<input type="checkbox"/> >15000	<input type="checkbox"/> >25000	<input type="checkbox"/> >50000
<input type="checkbox"/> >500	<input type="checkbox"/> >1000			<input type="checkbox"/> >100,000	<input type="checkbox"/> >250,000		

Audience Types: (e.g. mixed ages in family groups)

Previous Casualty Data: less than 1% between 1% and 2% more than 2%
(please tick if data is an estimate)

Nearest A+E: Less than 15 minutes More than 15 minutes More than 30 minutes

Please detail any additional hazards:

Please detail any additional on-site resources (e.g. additional medics) that we may need to know about:

Do you have a safeguarding policy in place for the event? Yes / No

Do you have a major incident plan for the event? Yes / No

Any additional information:

Please tick this box to confirm you have read the terms and conditions