Stall Booking Request Form 2025-26

Any requests submitted which do not adhere to the guidelines will be automatically rejected and no booking(s) will be made.

IMPORTANT: Please send this form in at least 10 working days in advance of the date you wish to book.

# Stalls

* These are located on the Level 1 Walkway in the University Building in Northampton Square. Stall 1 (opposite B104), Stall 2 (between B103 & B104) & Stall 3 (opposite B103) Monday-Friday between 11am-3pm
* Stall 4 is bookable Monday – Friday 9am – 4pm. Can be booked alongside the pavilion for larger events. 2 tables can be requested through service desk
* A stall consists of one table, two chairs (display board available on request via Portering)
* All requests must be made at least 5 working days in advance.
* All publicity to be displayed on stalls must be approved by the event approver

# Details

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| **Lead Name** |  |
| **Email** |  |
| **Phone Number** |  |
| **Department** |  |
|  |  |
| **Title of the event**  |  |
| **Purpose of booking** |  |
| **Date** |  |

Please select **only** one of the time slots below:

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| **11 AM - 12.50 PM** |  |
| **1 PM – 3 PM** |  |
| **11 AM – 3 PM** |  |
| **Stall 4 9am – 4pm** |  |
| **Stall 4 (Only booked with the Pavilion for Events)** |  |

Is this a block booking? **(NO)**

If yes what day or days of the week do you require?

If yes what is the start and end date: **Start Date:** **End Date:**

**Any additional information for the above bookings**

**For PAF use only**

Date request received

Room or Stall allocated

**For “Paf Premises” use only**

Risk Assessment required:

Yes [ ]  (Possibility of Medium/High Risk – assessment to be completed)

No [ ]  (Low risk and assessment not required)

Complete Risk Assessment Below

|  |  |  |  |  |  |
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| **Student Group:**  |  | **Event Organiser:** |  | **Event Approver (Office Use):** |  |
| **Date of review (office use):** |  |

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| **Title of event:** |  | **Location of event:** |  | **Event date:** |  |
| **Setup Time:** |  | **Start Time:** |  | **End Time:** |  |

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| **Description of event:***Please include a detailed summary of the event, including schedule, style, attendee groups, speakers, activities involved, locations if multiple used, purpose of the event, and any other information necessary to explain the nature of the event.*  |
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| **Maximum capacity of room / space / venue:** |  | **Expected or known numbers attending** *(if over 100 Safety Office must review this risk assessment):* |  | **Safety Office Reviewer:** |  |

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| **Event Organiser -** | **Yes** | **No** | **Evidence** *(please complete with notes for all sections)* |
| Have you considered the nature of the event and the wider implications it may have? Is the event deemed suitable to go ahead? | Y |  |  |
| Have all relevant departments been notified of the event and been part of the planning process (e.g. PAF, Security, CitySport etc.)? | Y |  | Security copied in |
| Have you produced an Event Plan detailing the sequencing and timings of the event, ensuring control measures identified in the Event Risk Assessment remain sufficient? | Y |  |  |
| Has the briefing meeting between all parties taken place/scheduled? | Y |  |  |
| Have you nominated sufficient fire wardens (1 per venue exit) for the event? They must be briefed and aware of the evacuation procedures, escape routes, and refuge areas for the event. They must also have Hi Vis vests available.  | Y |  |  |
| Are all event staff/volunteers been made aware of the firstaid procedures for the event? | Y |  | SU staff will be at the reception desk who are 1st aid trained |
| Have you ensured that emergency exits, routes, and fire detection systems and signs will not be blocked or interfered with at any time? | Y |  |  |
| Has the **Event been Approved** (Office Use PAF Premises) – | **Yes** | **No** |  |
| Confirmed that PAF has been made aware of the event? |  |  |  |
| Confirmed approvals/permissions have been provided in writing (i.e. PAF, Security, CitySport etc, where applicable) |  |  |  |
| If applicable, confirmed the Safety Office has been notified of the event? *(Please refer to Section 5.4.3 in SP31 Event Management Procedure)* |  |  |  |
| Confirmed an Event Plan has been produced? |  |  |  |
| Confirmed that any necessary licenses/notifications have been applied for/received? |  |  |  |
| If external service providers/contractors are being used for all or part of the event, confirmed that the required health and safety documents have been obtained and reviewed (i.e. proof of competence, risk assessments, method statements and insurance) and inductions have been arranged? |  |  |  |
| Fully understood and accepted the risks created as part of the event? |  |  |  |

***Please see the guidance and suggested hazards at the end of the document for help completing the Event Risk Assessment, or contact your local DSLO or the Safety Office.***

| **Hazards-***additional hazards created by the event* | **Type of injury or harm** | **People affected and specific considerations** | **Risk Rating** | **Current Control Measures already in place-***these must be adhered to at the event.*  | **Further Control Measures required-***What else do you need to do to control the hazard?* | **Residual Risk** | **Person responsible** | **Date Completed***(complete on day of event)* |
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| **Slips, trips and falls** | Student Attendees | ∙ Flat flooring paths with minimal damage and slippage∙ Caution to prevent crates of cans from falling over | 2 | 2 | 4 | Ensure proper footwear is worn for the activity taking place.Contact security for first aid during out of hours in case (ext. 666) | Committee Members |  |
| Food & Drink | Student Attendees | ∙ Clear labelling on food and drink items∙ Energy drinks are from official sponsors | 1 | 2 | 2 | Provide further discretion on use of energy drinks | Committee Members |  |
| Overcrowding | Student Attendees, Staff, Security Personnel | ∙ Set up clear lines and areas for people to gather∙ Book large enough venues or request large enough space | 4 | 3 | 12 | Active crowd control and encourage students to make way for general use of campus space | Committee Members, Student’s Union Staff |  |
| Fire Emergencies | All Individuals on Campus | ∙ Take record of fire exits and equipment | 1 | 5 | 5 | Ensure fire exits and equipment such as extinguishers are prominent amongst the surrounding environment | Committee Members, Campus Staff Personnel | Fire Emergencies |
| Access and Emergency Exits | All Individuals on Campus | ∙ Assess access points to venues and outdoor events | 2 | 2 | 4 | Campus management will ensure further safety of the environment | Committee Members, Campus Staff Personnel | Access and Emergency Exits |
| Food Quality & Allergens | Student Attendees | ∙ Use items within date∙ Clear first aid provisions∙ Readily available first-aid staff∙ Quality controls above required levels by Student’s Union | 2 | 4 | 8 | Disclaimers online and in person prior to the consumption of food during the event | Committee Members | Food Quality & Allergens |
| Waste and Environmental Risks | All Individuals on Campus | ∙ Prevent litter of empty cans or cans left behind by people∙ Provide easily accessible recycling bins | 4 | 2 | 8 | Encourage attendees to dispose of empty cans responsibly throughout the duration of the event | Committee Members | Waste and Environmental Risks |
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| **Likelihood** | Certain | **5** | **10** | **15** | **20** | **25** |
| Very Likely | **4** | **8** | **12** | **16** | **20** |
| Likely | **3** | **6** | **9** | **12** | **15** |
| Unlikely | **2** | **4** | **6** | **8** | **10** |
| Very Unlikely | **1** | **2** | **3** | **4** | **5** |
|  | No lost time/injury | Minor injury/illness (7 days or less off work) | Reportable injury (more than 7 days off work) | Specified injury/illness/major damage (RIDDOR) | Fatality or disabling injury/illness or catastrophic loss |
| **Severity** |

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| **Likelihood x Severity = Risk** |
| **HIGH** | These risk are unacceptable; significant improvements in risk control are required. The activity should halted IMMEDIATELY until risk controls are identified and implemented which reduce the risk to an acceptable level |
| **MEDIUM** | Control measures should be identified and implemented to reduce the risks associated with the activity or workplace so far as reasonably practical |
| **LOW** | Minimal control measures are required to be implemented to satisfy the level of risk. Arrangements should be made to maintain current measures for risk control. |