



APMS Ambulance
Service Ltd

Event Medical/First Aid Quotation Request



Providing Quality Care When And Where You Need It

First Aider Paramedic Doctor Nurse Training Risk Assessment

Ambulance & Transport Services, Event Medical Cover, First Aid & Medical Training Courses.

Registered Office: Unit 8 Stapledon Road | Orton Southgate | Peterborough | PE2 6TB
01733 567 222

Company No: 7632185 | CQC Registered.

bookings@apmsambulance.co.uk



Event First Aid/Medical Cover Quotation Request Form

Instructions

- **Please complete the form below** as we need accurate information to generate a risk assessment for your event. We will then advise on the optimum first aid cover related to published guidance such as the Event Safety Guide, HSG195 (1999) and the Guide to Safety at Sports Grounds (1997).
- **Type of event / hazards:** You may tick more than one choice; **Expected attendance:** Please complete section 4 below. Please be accurate, if unsure, please tick the maximum number expected.
- **Start / finish times:** Please be as accurate as possible with the event finish time including making an allowance for any possible overrun. Events that overrun WILL be subject to additional payments.
- **Equipment:** All our ambulances are fully equipped to NHS standards (list available on request). Our ambulances will not usually be used to remove any casualty from the site, as this could disrupt the event. Therefore, if emergency transport to hospital is required the NHS ambulance service will be contacted by dialling 999. However, if emergency ambulance transport is required and an NHS vehicle will be delayed or we consider that it is in the patients best interest the ambulance will have to leave site. **If your event is at an MSV motor sport location the service will automatically include off site transportation as required by the ACU and MSA.**
- **Qualifications:** All our first aid staff hold a United Kingdom first aid qualification and our ambulance crews hold an Emergency Medical Technician qualification (Advanced First Aid). Our Paramedics, Doctors and Nursing staff are all currently registered with the relevant regulatory body. Our staff are required to participate in continual personal development and training. Everybody that has patient contact has undertaken appropriate safeguarding training and has an enhanced DBS disclosure. We are CQC registered.
- **Insurance:** APMS holds: medical indemnity, vehicle and public liability insurance. Evidence of insurance is available on request.
- **Help with this form:** If you are uncertain about any part of this form then please contact our Head Office in Peterborough by telephone on 01733 567222 or Email: bookings@apmsambulanceservice.co.uk
- **Program:** If you would like to identify APMS Ambulance Service in your program may we suggest you use the following wording: Ambulance and first aid provided by APMS Ambulance Service Ltd. We aim to help save lives by providing ambulance and first aid cover at local events, and by teaching first aid skills within the community. Please visit our website for further information: www.apmsambulanceservice.co.uk

Confirmation of booking

- Please note that verbal bookings can be made, but they **MUST BE CONFIRMED IN WRITING BY COMPLETING THE FORM BELOW**. Ideally, we would like confirmation of bookings at least one month prior to the event. However, we are pre-booked up to a year in advance for some events, especially in the summer months, so please contact us as soon as you have dates and we will be able to advise you of our availability.
- You will receive confirmation of receipt of your request by email within 14 days. If you do not hear from us by then please re-contact us as soon as possible, in case your documents did not reach us. We aim to confirm or refuse a booking as soon as we can, depending on staff availabilities. Following confirmation, we will check with you approximately one week before the event that it is still going ahead and clarify any other details. If for any reason, you have to cancel your event, please let us know as soon as possible so we may offer the date to other organizations. **NOTE YOU MAY BE SUBJECT TO APMS CANCELTION FEES; DETAILED BELOW**
- APMS rely on you as organisers to read your insurance requirements and health and safety guidelines. Please make sure when booking medical cover this is the correct requirement for your event. **NO** responsibility will be taken by APMS for the lack of medical cover in the event of legal proceedings being taken against you as an organiser.

PLEASE NOTE THIS FORM IS FOR QUOTATIONS AND ADVICE ONLY AND IN NO WAY, CONSTITUTES CONFIRMATION OF ANY BOOKING



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Payment

We aim to keep our prices competitive and we therefore request not only is our pre-event request form completed, however we may choose to complete our own site inspection. A member of our operations team will discuss with you a personalised medical cover and pricing plan, APMS will require payment (in full) before the event commences, this is in order to maintain our service; invoices will be produced prior to the event. Full payment for our services is expected no later than 8 weeks prior to the event date. Any variations on our standard agreement will have been discussed with you in full.

Should an event be cancelled by the organizer, then the following tariff MAY apply?

Notice Given for Cancellation of Events and % of Payable Cost by Customer			
12+ Months' notice of Cancellation	26 Weeks to 52 Weeks' notice of Cancellation	8 Weeks to 26 Weeks' notice of Cancellation	8 weeks up to and including day of event
100% Refunded Excluding £50 admin fee	75% Refunded Excluding £50 admin fee	50% Refunded Excluding £50 admin fee	0% Refunded

Patient Confidentiality

APMS Ambulance Service Ltd is required by law to comply with the Data Protection Act, 1998, General Data Protection Regulations 2018; Data Protection Bill 2018; We take to the confidentiality of any patient records held seriously; and actively promote patients' rights to privacy (where possible). Details can only be disclosed to third parties with the consent of the individual or by virtue of some overriding lawful authority. APMS Ambulance Service retains patient records securely and in accordance with these acts. APMS will however, support and work with you inside the restrictions of these personal data (ACTS) to help provide mandatory data required by organisers to provide information required in accordance with The Health and Safety at Work Act 1974 and the regulations of their sport governing bodies. APMS will provide you with patient treatment details (upon their consent), however additional access to information may have to be via a subject access request. APMS will provide you with transparency throughout any of these processes.

Additional Information/imposed terms e.t.c

APMS will provide a contractual privacy notice following acceptance of the quotation.

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Event Details	
Event Name	
Date(s) of event	
Organisation Name –include Registered charity number, company number if applicable	
Organiser Details: Name/Address /Phone/e-mail	
Medical cover required – please state number of paramedic ambulances or technician ambulances or doctors or paramedics or technicians or first aiders, or any combination of this, that you require	
Event start time	
Event finish time	
What time are we required on site	
What time are we required off site	

Venue Details	
On site contact	
Event location / address please include post code /directions /Grid Reference	
Main on site landline telephone number	
On site contacts and telephone/mobile contact numbers	
Event Organiser Contact name and number on the day	
Please can you provide a site map of the venue with this booking form, as this is required as part of our risk assessment	

Risk Assessment Information (please tick all relevant boxes)			
Type of Event		Hazards	
Public Exhibition	<input type="checkbox"/>	Parachute Display	<input type="checkbox"/>
Country Show	<input type="checkbox"/>	Contact sport	<input type="checkbox"/>
Motorsport	<input type="checkbox"/>	Camping on site	<input type="checkbox"/>
Bonfire / Fireworks	<input type="checkbox"/>	Bouncy castle	<input type="checkbox"/>
Festival	<input type="checkbox"/>	Tug of war	<input type="checkbox"/>
Equestrian	<input type="checkbox"/>	Show jumping	<input type="checkbox"/>
Field/track sport	<input type="checkbox"/>	Street Theatre	<input type="checkbox"/>
Musical	<input type="checkbox"/>	Carnival	<input type="checkbox"/>
Community	<input type="checkbox"/>	Helicopter	<input type="checkbox"/>
Bicycle race	<input type="checkbox"/>	Funfair	<input type="checkbox"/>
Non-motorised vehicle race	<input type="checkbox"/>	Bar /alcohol on site	<input type="checkbox"/>
Other, please state	<input type="checkbox"/>	Other, please state	<input type="checkbox"/>

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Risk Assessment Information (continued)	
Will people be required to queue outside the event? If yes, approximately how long for?	
Expected total attendance (per day)	
Expected maximum people on site at any one time	
Age range of people attending event: Full family mix Over 65 years Aged 18-25 years Under 18 years If under 16s, please specify age range	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Event History				
Have you run this event before	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is yes, who provided the medical cover previously?				
Previous Event History				
Number of casualties				
Number of 999 calls				
No data available				
Number of First aiders				
Is an ambulance essential for insurance?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you require Police or Local Authority permission for your event	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Medical Cover

APMS is able to provide a variety of medical & first aid services that are tailored to meet the needs of your event. The medical cover that is necessary to ensure that your events is run safely is assessed using the information provided on this form.

The following section deals principally with establishing what facilities are available on site for use by our medical/first aid team at the event.

Emergency Plans and Procedures	
Are any of the emergency services on site? e.g. Fire , police, ambulance	
Do you have on site marshals or stewards?	
Is your event governed by a safety certificate or national body requirements, if so please state?	
<p>We will require a copy of your risk assessment before we can confirm attendance at your event. If you have not completed a risk assessment you can find an example at www.hse.gov.uk/risk/fivesteps.htm (accessed December 2011)</p>	

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Available facilities			
First aid room/tent	YES <input type="checkbox"/> NO <input type="checkbox"/>	Will complimentary refreshments be provided?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Telephone	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a radio system on site?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Running water	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are refreshments available for purchase?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Toilets – near first aid room	YES <input type="checkbox"/> NO <input type="checkbox"/>	Electricity	YES <input type="checkbox"/> NO <input type="checkbox"/>

Invoicing Details	
Organisation	
Contact Name	
Purchase Order No <i>if applicable</i>	
Address	
Main telephone number	
FAX number	
E-mail address	

A Few More Details			
Have you read our privacy statement? (available within the same section of our webpage)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you happy to receive feedback questionnaires?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you happy to be contacted ahead of future events?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you read and understood our refund structure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Please email this document back to:

bookings@apmsambulanceservice.co.uk

Or post to:

APMS Ambulance Service Ltd
 Unit 8 Stapledon Road, Orton Southgate, Peterborough PE2 6TB
 TEL: 01733 567222 FAX: 01733 557070

One of our team shall be in contact shortly to discuss and confirm your booking

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Official use:

Event Liaison?	
Date Quote issued?	
Amount quoted?	
Variations in cancellations tariff	
Variations in pre-payment	
Quotation agreed by Director	
Quote signed by Director	
Form received from Client	
Entered on to online calendar	
Staff grades required	- - - - -
Vehicle's required	- - - -
Staff Booked – state who	- - - - - - - - - -

16 weeks prior to event

Date invoice Issued	Date invoice returned/paid
---------------------	----------------------------

8 weeks prior to event

Payment to have been received	
Has Director been informed of payment/non	
Has appropriate acknowledgement been sent	

14 days prior to event

Confirm details with client	
Confirm Staff	-
-	-
-	-
-	-
-	-
-	-
-	-
Issue post event questionnaire	

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