

**PRELIMINARY RISK ASSESSMENT FORM FOR PROPOSED EVENT(S)
UNDER SECTIONS 229 AND 230 OF
THE PLANNING AND DEVELOPMENT ACT 2000 (AS AMENDED)**



Submit to:	Kildare County Council
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APPLICANT DETAILS	
Applicant Name	
Applicant Postal Address	
Applicant Email Address	
Applicant Telephone Number	

LANDOWNER/VENUE DETAILS (WHERE DIFFERENT FROM THE APPLICANT)	
Name	
Postal Address	
Email Address	
Telephone Number	

EVENT DETAILS	
Type of event proposed¹	
Is this a ticketed or non-ticketed event?	
Location of event(s) proposed²	
Date(s) of event(s) proposed	
Duration of event proposed	
Commencement & conclusion times of proposed event	

PLEASE STATE THE ANTICIPATED NUMBER OF PERSONS AT THE PROPOSED EVENT BROKEN DOWN INTO THE FOLLOWING CATEGORIES	
Performers	
Audience	
Event Staff	

Please attach a short risk assessment of the event covering the nature of the anticipated crowd, the nature of the event, proposals (if any) for the sale or distribution of alcohol, previous history of this or similar event and any other factor that might need to be considered.³

Short Risk Assessment Attached Yes No

¹ An event as set out in sections 229 and 230 of the Planning and Development Act 2000 (as amended).

² Provide a location map of sufficient size and containing details of related sites and features in the vicinity of the venue.

³ This can be a summary of the Safety Statement but the Safety statement itself is not required at this preliminary stage.

STATE THE NAMES (IF CURRENTLY KNOWN) AND CONTACT DETAILS OF THE FOLLOWING

**Event controller & deputy
Contact No. 1**

**Event safety officer & deputy
Contact No. 2**

**Event medical co-ordinator & deputy
Contact No. 3**

Please provide details of your insurance arrangements⁴

Insurance Arrangements Attached Yes No

DECLARATION

By signing and dating this form you are confirming that the information provided is correct at the time of signing.

Signature _____

Date _____

⁴ If not yet arranged, indicate what is proposed.