



## Form A

### traffic and transport management for special events

#### initial approval - application form

event organisers are required to provide the following information in relation to the event.

Item	Description <i>(Please ✓ the appropriate box where applicable)</i>
Event name	<input type="text"/> <input type="text"/>
Name of Event Organiser	<input type="text"/>
Event date(s)	<input type="text"/>
Event start and finish time	<input type="text"/>
Brief description of the event	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Starting point of the event	<input type="text"/>
End point of the event	<input type="text"/>
Expected number of spectators	<input type="text"/>
Has this event been held in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, for how many years?	<input type="text"/>
Number of participants in the event?	<input type="text"/>
If the participants are competing/participating in groups:	
Number of Participants in a group	<input type="text"/>
Number of groups in the event	<input type="text"/>
Is the event a race / time trial?	<input type="checkbox"/> Race <input type="checkbox"/> Time Trial <input type="checkbox"/> N/A
The distance and the name of each public road where the event will be traversing (attach if needed)	<input type="text"/> <input type="text"/> <input type="text"/>



Item	Description (Please ✓ the appropriate box where applicable)
Will the event be conducted under total Police control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the emergency vehicles access the event site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the event traverse on any bridges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any road closures required for the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please describe Road Closure Details: (provide road names, extent and lengths)	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Have you provided a detailed plan/map of the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the event impact on access for local residents, businesses or hospitals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please describe.	
<input type="text"/> <input type="text"/> <input type="text"/>	
The location where the vehicles of spectators and participants will be parked	
<input type="text"/> <input type="text"/> <input type="text"/>	

**Applicant's Details**

Name (please print)

Postal address

Telephone     Mobile

Email address

Signature     Date

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