

Security & Traffic Management

Security Event Pro Forma

EVENT DETAILS				
Event Title				
Date(s) of Event				
Time of Event	Start:	Finish:	Total Hrs	:
Location Inc floor plans if needed				
Event Coordinator	Name: Mobile:			
Event Contact person for Security on the day	Name: Mobile:			
Finance Details Special instructions	Fund Code:	Dept ID:	Project ID:	
Attendees / Guards List how many attendees expected and how many guards required	Estimated Number of Attendees: Number of Security Guards requested: Number of Ushers to Assist in Running Event:			
Event Summary include brief description and purpose				
Speakers list names or attach separate run sheet				
External Organisations include any external organisations attending	Organisation: Name: Mobile: Email:			
VIPs/Dignitaries list any VIP's or Dignitaries attending	Title: Name: Contact:		Title: Name: Contact:	

SECURITY ASSESSMENT					
Please tick what applies to your event	Alcohol Served:	Open to Public:			
	BYO Alcohol:	Attendance Fees:			
	Ticketed Event:	Religious Topic:			
	Political Topic:	WHS Assessment Done:			
	Registration required:				
Building & Room Access Requirements:	Door Access / Programming: <include< th=""><th>e doors that need extended opening times></th></include<>	e doors that need extended opening times>			
VIP Parking Requirements Please indicate if you require special parking arrangements for the event and email parking @unsw.edu.au					
Risks associated with event Include known risk factors, history or any previous concerns					
Submit form for Security Assessment					
TO BE COMPLETED BY UNSW SECURITY MANAGEMENT					
Security Review:					
Recommendation:	Guards Required:				
	Standard Uniform	Corporate Uniform			
Security Review Completed By:	Name: Signature:				