



Office Use Only	
Annual Landing Fee Payment	_____
Date paid	_____
Receipt Number	_____
Job No	660-002
Key Deposit Fee	_____
(Refer to Finance) Job No	_____

Casino Aerodrome
AERODROME EVENT
APPLICATION FORM

2011/2012

NOTE - FEES APPLY
Fees are non-refundable

Application for use of Casino Aerodrome is required when there is a reasonable expectation of increased usage from the activity proponent.

This application must be received at least 3 months prior to the event.

For your application to be considered all questions must be addressed.

Section A

APPLICANT DETAILS			
Name of Organisation	_____		
Postal Address	_____		
Town / Suburb	_____	State / Postcode	_____

CONTACT PERSON			
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms <input type="checkbox"/> Miss
Surname	_____		
First Name	_____		
Position Held	_____		
Phone (business)	_____	Phone (mobile)	_____
Phone (private)	_____	Fax	_____
Email	_____		

ORGANISATION PRESIDENT			
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms <input type="checkbox"/> Miss
Surname			
First Name			
Phone (business)		Phone (mobile)	
Phone (private)		Fax	
Email			

ORGANISATION SECRETARY			
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms <input type="checkbox"/> Miss
Surname			
First Name			
Phone (business)		Phone (mobile)	
Phone (private)		Fax	
Email			

CLUB / BUSINESS DETAILS	
Are you carrying out an Aviation Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Club / Business	
Type of business	
Is your club applying to use the aerodrome for club events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a "Not for Profit" Organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an Australian Business Number (ABN)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ABN:
Is your organisation registered for GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Australian Business registration attached/not attached</i>

INSURANCE

Certificate of Currency of Insurance for Public Liability min \$10M (attached)

Certificate of Currency of Insurance for Public Liability must be one policy for no less than \$10M. The policy should clearly identify the applicant and the aircraft being covered by the insurer. The Insurer should be acceptable to Council. The policy documentation outlining terms and conditions should be forward to Council with this application.

SECTION B

EVENT DETAILS			
Event Name			
Proposed Date			
Event Description <i>(Please provide a detailed description of the proposed activity, including area of aerodrome proposed for use. Attached additional pages if required)</i>			
Does your event require CASA approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	CASA approval is attached / will be submitted when obtained		
Does your event require closure of the airport?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Date/s	From	To
	Time	From	To

AVIATION ACTIVITY (Please Tick item/s R)	
<input type="checkbox"/> Aerobatics	<input type="checkbox"/> Parachuting
<input type="checkbox"/> Pylon Racing	<input type="checkbox"/> Motorised Kite
<input type="checkbox"/> Helicopter	<input type="checkbox"/> Banner Towing
<input type="checkbox"/> Gliding	<input type="checkbox"/> Model Aircraft
<input type="checkbox"/> Helicopter Joy flights	<input type="checkbox"/> Military Aircraft
<input type="checkbox"/> Free Balloon	<input type="checkbox"/> Pilot Training
<input type="checkbox"/> Tow Vehicle	<input type="checkbox"/> Private Aviation
<input type="checkbox"/> Registered Charities eg. Angel Flight	<input type="checkbox"/> Commercial regular usage
<input type="checkbox"/> Agricultural flights - Crop Dusting	<input type="checkbox"/> Ultra light aircraft/Gyrocopter
<input type="checkbox"/> Private Usage - regular users	
<input type="checkbox"/> Other (please state)	

DISPLAY DETAILS			
Display	Date/s	From	To
	Time	From	To
Practice Days (if any)	Date/s	From	To
	Time	From	To
Pre-flight Briefing	Date		Time
	Location		
Display Size	Maximum Height		Maximum Radius
Spectators	Expected No of spectators		

EVENT MANAGEMENT PLAN	
<i>Note: Council will almost certainly require the submission of a detailed Event Management Plan in relation to your event</i>	
Has an Event Management Plan been prepared	<input type="checkbox"/> Yes <input type="checkbox"/> No
	EMP attached

SECTION C

CONSULTATION
As a requirement of the application process, you need to demonstrate that existing user groups have been consulted and necessary issues of concern addressed.
At a minimum the list of authorised users must be consulted and their views forwarded to Council on the prescribed form (Appendix 1). A list of authorised users can be obtained from Council.
Send Council a copy of the consultation correspondence to Locked Bag 10 CASINO 2470 NSW. Any email consultation correspondence should be forward or CC to council@richmondvalley.nsw.gov.au

ATTACHED DOCUMENTATION
<input type="checkbox"/> Aerodrome Event Application Form (Section A)
<input type="checkbox"/> Certificate of Incorporation (copy) (if applicable)
<input type="checkbox"/> Australian Business Registration (ABN) (if applicable)
<input type="checkbox"/> Certificate of Currency of Insurance (min \$10 million)
<input type="checkbox"/> Event Details (Section B)
<input type="checkbox"/> Consultation Responses (Section C)
<input type="checkbox"/> Application for Airside Vehicle Authorisation (if applicable)

Key Deposit Form (if applicable)

APPENDIX 1

USER CONSULTATION

NOTE: It is the responsibility of the Hanger Lessee to inform all pilots with aircraft stored in their respective hangers of this event

APPLICATION DETAILS	
Organisation Name	
Contact Address	
Contact Person	
Position Held	
Contact Phone No	
Details of Event <i>(Specifically detail potential impacts on other users)</i>	
RESPONSE	
In relation to the Application detailed overleaf, I advise that my organisation	
<input type="checkbox"/> agree <input type="checkbox"/> disagree <input type="checkbox"/> agree subject to the following concerns	
Comments <i>(If you disagree with the application or wish to make comment)</i>	
Name	
Organisation	
Position	
Date	
Signed	

APPENDIX 2

EVENT MANAGEMENT PLAN (EMP)

An EMP is a communication medium from the event management to other stakeholders of the event. The document is designed to provide all the details required for the successful running of an event.

The document does not need to be elaborate or time consuming to produce but must be comprehensive to enable the smooth and incident free running of an event.

To assist in the development of the plan, the following headings are provided as a guide. Note that not all items will apply to every event. The items with an asterisk (*) are however considered compulsory information.

Contacts

<input type="checkbox"/>	* Emergency Services – police / ambulance / fire numbers including advice of contact with each organisation
<input type="checkbox"/>	* Event Coordination centre – where and when open
<input type="checkbox"/>	* First Aid – where on site
<input type="checkbox"/>	* “On the day” event Contact List (one page)
<input type="checkbox"/>	* Two way radio operation guide and procedure
<input type="checkbox"/>	Lost children procedure
<input type="checkbox"/>	Lost property
<input type="checkbox"/>	Info lines for event
<input type="checkbox"/>	Radio channel list

Event

<input type="checkbox"/>	* Scope of Event (expected attendance etc) summary – time / action / location
<input type="checkbox"/>	* Map of event site
<input type="checkbox"/>	* Security information
<input type="checkbox"/>	* Catering details
<input type="checkbox"/>	* Toilet description and location (include comment of adequacy)
<input type="checkbox"/>	* Car parking information
<input type="checkbox"/>	* Emergency management details
<input type="checkbox"/>	Information booths and map of their location
<input type="checkbox"/>	Pilot / participant briefing
<input type="checkbox"/>	Road closure schedule and maps
<input type="checkbox"/>	Event transport schedule and map (of route)
<input type="checkbox"/>	FAQ's – eg toilets, ATM's, first aid
<input type="checkbox"/>	Incident report form and what to do
<input type="checkbox"/>	Risk scenarios and what to do

As a guide, the following is a proforma of information expected regarding the consultation with emergency services

POLICE	
Name of Station	Casino Police Station
Contact Name	
Phone Number	
Availability	<input type="checkbox"/> At display <input type="checkbox"/> On call

FIRE BRIGADE	
Name of Station	Casino Fire Station
Contact Name	
Phone Number	
Availability	<input type="checkbox"/> At display <input type="checkbox"/> On call

AMBULANCE	
Name of Station	Casino Ambulance Station
Contact Name	
Phone Number	131 233
Availability	<input type="checkbox"/> At display <input type="checkbox"/> On call