



Office Use Only	
Annual Landing Fee Payment	_____
Date paid	_____
Receipt Number	_____
Job No	670-007
Heritage Induction Fee	_____
Job No	670.008
Key Deposit Fee	_____
(Refer to Finance) Job No	_____
Induction Fee	_____
Job No	670-010

## Evans Head Memorial Aerodrome

# AERODROME EVENT APPLICATION FORM

2011/2012

**NOTE - FEES APPLY**  
**Fees are non-refundable**

*Application for use of Evans Head Memorial 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	_____		

<b>ORGANISATION PRESIDENT</b>			
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			

<b>ORGANISATION SECRETARY</b>			
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			

<b>CLUB / BUSINESS DETAILS</b>	
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>

<b>INSURANCE</b>
<b>Certificate of Currency of Insurance for Public Liability min \$10M (attached)</b>
<i>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.</i>

## 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"/> General Aviation (including stored hangar aircraft)	<input type="checkbox"/> Parachuting
<input type="checkbox"/> Ultra light aircraft / gyrocopter (including stored hangar aircraft)	<input type="checkbox"/> Motorised Paragliding
<input type="checkbox"/> Helicopter (including stored hangar aircraft)	<input type="checkbox"/> Banner Towing
<input type="checkbox"/> Commercial Usage (including flying schools)	<input type="checkbox"/> Helicopter Joy flights
<input type="checkbox"/> Agricultural flights (i.e. Crop Dusting)	<input type="checkbox"/> Military Aircraft
<input type="checkbox"/> Model Aircraft Club	<input type="checkbox"/> Gliding
<input type="checkbox"/> Tow Vehicle	<input type="checkbox"/> Sky Diving
<input type="checkbox"/> Registered Charities e.g. Angel Flight	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Emergency Services & Department of Defence are exempt from paying fees, however Council must be notified of the intended use.	
<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
At a minimum the list of authorised users <b>must</b> be consulted and their views forwarded to Council on the prescribed form (Appendix 1). A list of authorised users can be obtained from Council.
<b><u>On submission of your application, contact details of current aerodrome users will be supplied to you to enable you to proceed with the consultation process.</u></b>
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 <a href="mailto:council@richmondvalley.nsw.gov.au">council@richmondvalley.nsw.gov.au</a>

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)
<input type="checkbox"/> Key Deposit Form (if applicable)
<input type="checkbox"/> NSW Heritage Office Standard Exemption Form [S52(2)] or Section 60 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**

<b>POLICE</b>	
Name of Station	Evans Head Police Station
Contact Name	
Phone Number	02 6682 4202
Availability	<input type="checkbox"/> At display <input type="checkbox"/> On call

<b>FIRE BRIGADE</b>	
Name of Station	Evans Head Fire Station
Contact Name	
Phone Number	02 6682 4400
Availability	<input type="checkbox"/> At display <input type="checkbox"/> On call

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