



Victorian First Aid Services & Training

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First Aid Attendance Request

Event name: _____

Event type: _____

Event Start date: _____ Event Start Time: _____

Event Finish date: _____ Event Finish Time: _____

Event location: (please include street address) _____

Map type: _____ Map Reference: _____

Event Contact: _____

Telephone: _____ Mobile: _____

Organisation: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Contact on Day of the Event:

Name : _____ Phone: _____

Number of people at event:

Participants/ competitor _____ Spectators: _____

Service requested for: _____

Other Medical provider onsite: _____ If yes please specify: _____

Facilities Available onsite

Established First Aid Room: _____ Room in Fixed building: _____ Tent/ Marque: _____

Power _____ Running water: _____

Invoice details

Contact: _____

Telephone: _____ Mobile: _____

Organisation: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Please note that completion of this form does not guarantee attendance at your event.