NZ Planning Institute® PO Box 106-481 Tel. +64 9 520 6277
Level 9, 52 Swanson St Auckland City 1143 Fax. +64 9 354 3991
Auckland City Auckland, New Zealand www.planning.org.nz



NZPI EVENT FORM Type of Event Time and Date Start Time Finish Time **NZPI** Host Event Organiser (Name) Committee Member Present for duration of event National or Branch event **Venue Host** Name of Sponsor Host or Public Venue Duty Manager Note: Must be person present for event Venue Maximum (pax) Number Attending (pax) Alcohol Serving Times _____ Catering Serving Times Host Confirmation (where applicable, initial and signature of Event Host confirming that the event can occur in accordance with the relevant policies and procedures of the Event Host and that an appropriate venue risk assessment has been carried out): Please tick and Initial to confirm assessment done: Copy of Event Health & Safety Procedure Provided Intl: Copy of NZPI Event Policy Provided and Read Intl: Venue Risk Assessment Carried Out Intl: All events except Annual Conference **Print Name** Signature Date

© NZPI Events Policy Annex 1: CPD H&S Guidelines