

Request For First Aid Coverage

Please complete form and return to fax 8922 6259 or email to volunteeroffice@stjohnnt.asn.au

For further information please contact 8922205

ORGANISATION INFORMATION / INVOICE DETAILS

Name of Organisation	Nhulunbuy Corporation		
Contact Person	Michael Rogers	Position	Community Engagement
Postal Address	PO Box 345		
City / Town	Nhulunbuy	Postcode	0881
Business Phone	08 8939 2202	Mobile	0455552338
Home Phone		Fax	
Email	mrogers@ncl.net.au		

EVENT INFORMATION

Name of Event	2017 Nhulunbuy Triathlon		
Location of Venue	Nhulunbuy		
Description of Event	Triathlon		
Date(s)	20 th May 2018		
Will alcohol be available or sold?	No		
Event Start Time	6am	Event Finish Time	10am
St John ON duty at	6am	St John OFF duty at	10am

LEVEL OF FIRST AID COVER – PLEASE CIRCLE REQUIRED LEVEL

Vehicle Type	Personnel	Equipment Charge
Clinic Vehicle <i>No stretcher</i>	First Responder	On receipt of request a quote will be supplied
First Aid Vehicle <i>(Includes stretcher)</i>	First Responder	
<p><i>If Ambulance level is required we will endeavour to cover your request by providing Volunteer Ambulance Officers. However as we have a limited number of qualified volunteer personnel it may be necessary to pay for a Paramedic Crew (A quote can be arranged upon request)</i></p>		

All vehicles need a reserved parking area. Some vehicles will require access to power.

Please return this form to St John Ambulance no less than two weeks prior to your event.

St John Ambulance Australia (NT) Inc.

ABN 85 502 986 808

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