

First in First Aid



**Public Duty Request Form**

Date: \_\_\_\_\_

Name of Organisation: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Postal Address of Organisation: \_\_\_\_\_  
Postcode: \_\_\_\_\_

Contact Ph No: Wk \_\_\_\_\_ Home \_\_\_\_\_ Mob \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_

Official Name of Event (& brief description, eg music concert etc) \_\_\_\_\_  
\_\_\_\_\_

Date/s	Start Time	Finish Time	Est Crowd &/or Participants

Venue (please include street address) where event is to be held: \_\_\_\_\_  
\_\_\_\_\_

Name/Ph No of contact person on the day: \_\_\_\_\_  
\_\_\_\_\_

Has your organisation used St John Ambulance services before? Y/N (Name of Division if possible)  
\_\_\_\_\_

**PLEASE NOTE:** For One off events our volunteers require at least 4-6 weeks advance notice.  
For Season events (such as Football games) we need about 6 months advance notice.

**PRIVACY STATEMENT:**  
St John Ambulance Australia (Qld) respects your privacy. Information collected on this form will be used for the purpose of processing your application. This application will be disclosed to relevant personnel & managers of St John Ambulance Australia (Qld). You will be able to access this information by contacting the privacy officer: The Privacy Officer, St John Ambulance Australia (Qld), PO Box 1645, Fortitude Valley, QLD 4006; or alternatively – [privacy@stjohnqld.com.au](mailto:privacy@stjohnqld.com.au)

Please send this request to: St John Ambulance Australia (Qld), First Aid Services, PO Box 1645, Fortitude Valley, QLD 4006; Fax (07) 3253 0599; or Email – [fasadmin@stjohnqld.com.au](mailto:fasadmin@stjohnqld.com.au)