**Approval of Activities for Indemnity Purposes**

**EXTERNAL THIRD PARTY REQUESTING CofC:** (must be an external third party to NSW Health)

**HEALTH ENTITY:** (insert the name of the LHD/Statutory Health Corporation/Affiliated Health Organisation)

**NAME OF ACTIVITY:**  (insert the name of the activity or event to be conducted)

**DATE:** (insert date, or dates to and from)

**AT:** (insert time or times)

**VENUE:** (insert the location of the activity or event)

**ORGANISING DEPARTMENT/VOLUNTEER GROUP:** (provide the details of the event organiser)

**EMPLOYEES/VOLUNTEERS ATTENDING:** (list the names of employees and/or volunteers

**HEALTH RELATED PURPOSE:** (include the aims or objectives of the activity or event, including benefits to the organisation)

**The above activity is a bona fide health-related activity and is approved and supported by the Local Health District/Statutory Health Corporation/Affiliated Health Organisation including the participation of the above named staff and registered volunteers, all of whom are aged 18 years or older.**

**A risk assessment has been conducted and a risk management plan has been developed for this activity, copy attached.**

**On the basis of the information provided above, coverage for Public Liability under the NSW Health TMF is requested and recommended.**

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| **Requested by** |  |  |  |  |  |
|  | Name & Position (please print) |  | Signature |  | Date |
|  |  |  |  |  |  |
| **Chief Executive/Risk Manager/ Designate** |  |  |  |  |  |
|  | Name & Position (please print) |  | Signature |  | Date |

**If approved, a Certificate of Currency for Public Liability Insurance shall be issued to the Local Health District/Statutory Health Corporation/Affiliated Health Organisation certifying coverage for this event on the date and times detailed above.**