# Mutual Recognition Model Form – Plan of Management

#### Form 2B Plan of Management for busking and outdoor fitness activities

##### Applicant details

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| Section | Details |
| Applicant title | Mr  Ms  Mrs Other: |
| Applicant name | First name: Surname: |
| Address | Unit/street No: Street name:  Suburb/town: State: Postcode: |
| Contact Information | Phone: Email: |
| Business details  (if applicable) | Business name: ABN: |
| Postal address  (if different from above) | Unit/street No: Street name:  Suburb/town: State: Postcode: |

##### Outdoor fitness activity details

Note: This part is only to be completed by outdoor fitness providers.

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| Section | Details |
| Primary trainer details | Provide the full name, address and contact information for the primary trainer associated with this activity.  First name: Surname: Contact number: |
| Additional trainer details  (if applicable) | Provide the full name/s, of any additional trainer/s associated with this activity.  (Provide as a separate attachment is insufficient space)  First name: Surname: Contact number:  First name: Surname: Contact number:  First name: Surname: Contact number:  First name: Surname: Contact number: |
| Description of fitness activities | Provide a detailed description of fitness training activities, including the type of training and clientele (for example, boot camp, school groups, teenagers, adults, seniors).  Response: |
| Number of participants | Indicate the number of participants generally involved in activity.  Response: |
| Equipment Used | Provide details of the equipment that will be used or positioned on public land as part of this activity.  Response: |
| Risk Management | Describe how risks are managed, including equipment safety checks, measures to prevent injuries during activities and emergency procedures in case of incident. Alternatively, attach a copy of any relevant risk assessments/incident plans.  Response: |
| Accreditation and Insurance | Provide details of professional accreditation, public liability and professional indemnity insurance held in relation to this activity. Please note: Council must be identified as an interested party on insurance policies and copies of each to be attached to application.  Response: |

##### Busking activity details

Note: This part is only to be completed by buskers.

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| Section | Details |
| Activity type  (select all that apply) | Musical performance: Playing musical instrument/s and/or singing for a fee or reward.  Street theatre/performance: Non-musical performance (e.g. mime, juggling, acrobatics, comedy, magic)  Street art: Actively working on an artistic medium (e.g. painting)  Merchandise sales: Selling goods (e.g. CDs, DVDs, artwork, props) related to the performance.  Other (please specify) : |
| Group details  (if applicable) | Provide the full name/s, of any additional performers associated with this activity.  (Provide as a separate attachment is insufficient space)  First name: Surname: Contact number:  First name: Surname: Contact number:  First name: Surname: Contact number:  First name: Surname: Contact number:  First name: Surname: Contact number: |
| Performer age details | Are you or any members of the group (if applicable) under the age of 18?  Yes (parental consent required for each person under 18  No |
| Performance details | Provide a detailed description of performance/act (please be specific. E.g. music genre, art style, amount of space required etc  Response:  List of equipment/instruments used:  Response:  Any unique features of the act/performance:  Response:       Use of any potentially dangerous equipment, tools or materials (e.g. fire, chainsaw) and details of associated licences/training (copies of each to be attached to application):  Response: |

##### General activity details

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| --- | --- |
| Section | Details |
| Hours of operation | Provide details of the proposed hours of operation associated with the activity including days/hours and duration.  Response: |
| Locations of operation | Provide details of the proposed locations in which the activity occurs.  Response: |
| Community Impact | Describe how your activity ensures minimal disturbance and impact on the public, residents and other businesses.  Response: |
| Set-Up/Pack-up | Explain how you will set-up, pack-up and leave the site in good condition after operation.  Response: |
| Amplification  (if applicable) | Outline any amplification equipment used in relation to the activity.  Response: |

##### Attachment checklist

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| Section | Details |
| Required Attachments for Outdoor Fitness Providers  (copies of originals are acceptable) | Professional Accreditation  First Aid Certification (for all trainers)  Public Liability Insurance  Professional Indemnity Insurance |
| Required Attachments for Buskers  (copies of originals are acceptable) | Parental/Guardian Consent (if applicable, per minor)  Public Liability Insurance (if applicable)  High-Risk Equipment Licenses/Training (if applicable) |

##### Council assessment (office use only)

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| --- | --- |
| Section | Details |
| Application Checklist (select one) | Applicant has provided all required details  Applicant has provided insufficient information |
| Issuing Council and Officer | Council name: Officer name: |
| Record number | Council reference: |

#### Attachment 1: Parental/Guardian Consent Form to Conduct Busking Activities

*Note: A parental/guardian consent form is required for all busking performers under the age of 18. The following format is to be used when providing parental/guardian consent.*

##### Parental Consent

|  |  |
| --- | --- |
| Section | Details |
| Childs name | First name: Surname: |
| Name of group/performance | Response: |
| Parent/guardian name | First name: Surname: |
| Parent/guardian address | Unit/street No: Street name:  Suburb/town: State: Postcode: |
| Parent/guardian contact information | Phone: Email: |
| Relationship to child | Response: |
| List all Councils in which parental/guardian consent is provided | Response: |

I understand and agree that:

1. Council does not provide supervision of buskers less than 18 years of age.
2. It is my responsibility to obtain local conditions from each council prior to my child/ward undertaking busking activities.
3. Busking activities are subject to councils’ local conditions in the area in which busking activities are performed and may include a requirement for my child/ward to be under my direct supervision.

I hereby give consent for my child/ward (listed above) to carry out busking in the Local Government Areas (listed above).

Parental/Guardian Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parental/Guardian Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_