



Mutual Recognition Model Form – Plan of Management

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

Applicant details

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

Outdoor fitness activity details

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

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)		s, of any additional trainshment is insufficient space) Surname: Surname: Surname: Surname:	ner/s associated with this activity. Contact number: Contact number: Contact number: Contact number:



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Section	Details
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:



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Section	Details
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.

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)		s, of any additional peri chment is insufficient space) Surname: Surname: Surname: Surname:	Formers associated with this activity. Contact number: Contact number: Contact number: Contact number: Contact number:



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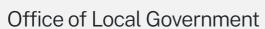
Section	Details
Performer age details	Are you or any members of the group (if applicable) under the age of 18? ☐ Yes (parental consent required for each person under 18 ☐ No
Performance details	Provide a detailed description of performance/act (please be specific. E.g. music genre, art style, amount 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:



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General activity details

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

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)

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:	