

# Mutual Recognition Model Form – Plan of Management

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

### Applicant details

Section	Details
Applicant title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> 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.

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:

Section	Details
<b>Description of fitness activities</b>	<p>Provide a detailed description of fitness training activities, including the type of training and clientele (for example, boot camp, school groups, teenagers, adults, seniors).</p> <p>Response:</p>
<b>Number of participants</b>	<p>Indicate the number of participants generally involved in activity.</p> <p>Response:</p>
<b>Equipment Used</b>	<p>Provide details of the equipment that will be used or positioned on public land as part of this activity.</p> <p>Response:</p>
<b>Risk Management</b>	<p>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.</p> <p>Response:</p>

Section	Details
<b>Accreditation and Insurance</b>	<p>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.</p> <p>Response:</p>

### Busking activity details

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

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

### General activity details

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

### Attachment checklist

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

### Council assessment (office use only)

Section	Details
Application Checklist (select one)	<input type="checkbox"/> Applicant has provided all required details <input type="checkbox"/> 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: \_\_\_\_\_