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| **A picture containing drawing  Description automatically generated**  EXTERNAL SPEAKER + EVENT REQUEST FORM | | |
| **PART 1 – To be filled out by a signatory role of the committee/officer** | | |
| This form must be completed **at least 2 weeks prior** to your event taking place. Bookings outside of this period may not be authorised. You must not confirm anything with your guest speaker/members until this form has been authorised by the Student Opportunities Coordinator.  It is important that you complete all of the sections on this form. If you are unsure about information for any of the sections please email [su.activities@uos.ac.uk](mailto:su.activities@uos.ac.uk) or pop in to SU Reception to ask for help.  Once completed, please send to: [su.activities@uos.ac.uk](mailto:su.activities@uos.ac.uk) | | |
| Name of Officer/Activity/ Organisation | |  |
| Name of Organiser | |  |
| Name of Second Organiser | |  |
| Contact email | |  |
| Title of the event |  | |
| Date of the event |  | |
| Event details: |  | |
| Venue / Location of the event (or will the event be held online? etc) |  | |
| Has a risk assessment been made? |  | |
| Expected number of attendees |  | |
| Will the event be:  • Member only  • By invitation/ticket only  • Open to the general public  • Under 18s |  | |
| Will members of the press, TV or radio be permitted to attend? |  | |
| What assistance will you need from the SU regarding your event, e.g. help setting up, advertising, ticket sales, etc? |  | |
| Transport/ trip details (if applicable) E.G. departure + arrival plans/location, car/coach, planned driver and licence category |  | |
| Are there any circumstances where the trip/event could get cancelled? |  | |
| Itinerary of the trip/event:  Your activities should be reflected in your risk assessment. |  | |
| First aiders attending: |  | |
| 1. Y/N answers (please research and answer on behalf of your speaker (s) if applicable). If yes, please provide examples:    1. *do you think that the speaker(s) or the subject might attract protest or concern?;*    2. *have there been issues / concerns raised about the speaker(s) or issues when they have attended other events?;*    3. *is there a risk that the speaker or the subject might result in offence or concern in respect of equality policies?;*    4. *are there any security-related threats known to the speaker(s)?;*    5. *are any specific arrangements, requirements or restrictions required or intended relating which may result in equality concerns (e.g. gender separated seating or attendance, arrangements for those with accessibility needs)?*    6. *Does the proposed speaker have links to or represent a proscribed terror group or organisation?*    7. *Is the event title or subject matter likely to be controversial or cause distress? Will both sides of the argument be presented? Has an event on this topic been run on this topic by UOSSU previously?*    8. *Are there any grounds to suspect that the individual may speak outside the parameters of the law?*    9. *Will the speaker have reputational risk for UOSSU? Is the event likely to attract media attention?* | *a.*  *b.    c.     d.   e.          f.     g.         h.     i.* | |
| No event may be publicised until your event has been approved.  The Students’ Union reserves the right to cancel or prohibit any event if the procedures provided herein are not followed or if the relevant health, safety and security procedures are not met.  All speakers/members must uphold values of equality of opportunity, access and good relations amongst UOSSU members.  Please sign declaring that you have read and understood all of the points above:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **PART 2 - Information to be filled by guest speaker if applicable:** | |
| Name of guest speaker |  |
| Contact details of guest speaker |  |
| Organisation or background |  |
| Subject of discussion |  |
| What language will the event take place in? |  |
| How will you travel to the event? |  |
| Will you need any expenses covered? E.G. food/travel/etc. We are not obliged to assist with this, however, we will do our best to accommodate you. |  |
| What time will you arrive and depart? |  |
| Do they have any special requirements e.g. Security? Disabilities? Equipment? |  |
| What publications or materials (e.g. CDs, leaflets, books, USB’s etc) will be available at the event)? |  |
| Will you be documenting this event in any way? |  |
| Do you give permission to being filmed/streamed or put on social media? |  |
| Please remember that by attending, you agree to abide by the law, the University and Students’ Union’s various policies which include:   * You must not incite hatred, violence or call for breaking of the law * You are not permitted to encourage, glorify or promote any acts of terrorism including individuals, groups or organisations that support such acts * You must not spread hatred and intolerance in the community and thus aid in disrupting social and community harmony * Within a framework of positive debate and challenge, you must seek to avoid insulting other faiths or groups   Please sign declaring that you have read and understood all of the points above  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Part 3 - Student Union Internal Use Only** | | | |
| **Checks** | **Link to most relevant information** | | |
| Social Media |  | | |
| Web Search |  | | |
| Application |  | | |
| **Application Review** | | | |
|  | Name | **Signature** | **Date** |
| Checker |  |  |  |
| Authorising Checker |  |  |  |
| **Request Approved:** | | | |
| Yes | | No, because: | |
| Yes, with conditions: | | | |