

Event Debrief and Evaluation Form

Southend Events Safety Advisory Group (SAG) request that event organisers complete this form; the purpose of which is to help the SAG advise you for planning and organising future events. This form should be completed by the person who was responsible for event planning and returned within 1 calendar month of the event. Completion and return of the form will in the majority of cases prevent the need for you to attend the SAG to debrief.

Name of Event

Date of Event

Contact Name

Organisation

Lead Officer/EventManager

Provide a brief rundown of how the event went – for example, numbers in attendance (at any one time and in total), stewards, first aid provision.

Were there any accidents or near misses that could have led to serious public safety issues? Please provide a summary of the accident/event, investigation undertaken and learning outcomes. **(Consider attendees and volunteers/contractors.)**

Did you call on the emergency services during the event for any reason? Please advise which services attended and why.

List what you thought was **successful or observed working well** in the whole event including at build stage and breakdown, - for example site layout, site safety, crowd control, communications welfare facilities, infrastructure, power supply, transport, waste clearance etc .

List or describe what you thought was **not successful or did not work well** in the whole event, including at build stage and breakdown for example site layout, site safety, crowd control, communications , welfare facilities, infrastructure, power supply, transport, waste clearance, etc

Provide details of any complaints received and how they were dealt with

Describe your experience with the SAG in assisting with advice. Please list any recommendations that you think the SAG could implement to improve their role.

If you plan to host the event again, list your actions/recommendations for improvement.

Please send the completed form, together with any supporting documentation to:

sag@southend.gov.uk

Or in hard copy to:

Safety Advisory Group
Civic Centre, Victoria Avenue
Southend on Sea, Essex.
SS2 6ER

Copies of this form will be circulated to the members of the Safety Advisory Group, which includes all of the emergency services and relevant local authority services.

Office Use Only - Stage Two Debrief Exercise –

SAG Members consulted and their overall comments on the Event Email sent

Returned comments

Data Protection Act 2018 & General Data Protection Regulation (GDPR)

Southend-on-Sea City Council will handle and process any personal data collected in accordance with applicable data protection laws and regulations including the GDPR and the Data Protection Act (2018). We will only use personal information you supply to us for the reason that you provided it for and will only hold your information for as long as necessary to fulfil that purpose or under a legal requirement. Your information will be held by Southend-on-Sea City Council & will be shared with internal departments in accordance with the relevant Data Protection legislation. We will take all steps necessary to protect your personal data from unauthorised or accidental loss. We will not share your information with any other organisation or individuals, unless there is a legal obligation for us to do so. Where possible the data collected on this form will be anonymised and this data may be used in reports which could be shared with other Council departments. All employees and contractors who have access to your personal data or are associated with the handling of that data are obligated to respect your confidentiality. Once the information is no longer required for the purpose it was collected for, it will be deleted in line with the Councils Document Retention and Disposal Guidance. Please see the full Southend-on-Sea City Council [Privacy Notice](#).

About you

Thank you for sharing your thoughts about your event. Finally, it would be really helpful to find out a bit more about you.

1: What is your gender?

Please tick one option only

Male Female I describe myself in another way Prefer not to say

2: Please state your ethnicity

Please tick one option only

White British or Irish	<input type="checkbox"/>	White Eastern European	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Black British	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Mixed White & Caribbean	<input type="checkbox"/>	Mixed White & African	<input type="checkbox"/>
Mixed White & Asian	<input type="checkbox"/>	British Asian	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Other	<input type="checkbox"/>
Would rather not answer	<input type="checkbox"/>		

3: Do you consider yourself as a person who has a disability of any kind?

Please tick one option only

No

Yes, affecting hearing Yes, a learning disability Yes, another form of disability

Yes, affecting mobility Yes, affecting vision Yes, mental ill-health

4: Please specify

5: Are you responsible for caring for someone? i.e. a dependant adult or relative, disabled child or friend or neighbour, who is frail, has a long term illness or disability?

Please tick one option only

Yes No