



REQUEST FOR ACCESS – QUESTIONNAIRE

COMPLETE IN BLOCK CAPITALS

1. Please tick the relevant area(s) that is required

North Campshires (quays)

South Campshires (quays)

The platform in George’s Dock

The chq building

Sean O’Casey Bridge

2. **REASON FOR ACCESS:** *Please tick as appropriate*

Filming Photographs Survey

Promotion Other (*please specify*)

Details:

2. **ACCESS REQUIRED FOR:** *Please tick as appropriate*

People No. of People

Equipment Specify Type of Equipment: _____

Vehicle No. of Vehicles Other (*please specify*)

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3. **LOCATION REQUIRED:** *Please tick as appropriate*
Note: A number of areas in the Docklands may not be available for filming, promotional or event use

Specific Location Desired Location Any Location

If "Specific" or "Desired" is ticked, please describe location and provide explanation:

4. **DATE AND TIME:**

Access required for: Date(s): From: _____ To: _____

Hours(s): From: _____ To: _____

5. **EXTENT OF ACTIVITY:** *Please tick as appropriate*

(a) Do you intend to invite members of the public into the area? Yes No

(b) Will the activity attract public to the area? Yes No
If so, what provision have you made for crowd control?

(c) Do you intend to distribute any goods or flyers to passer-bys? Yes No

If so, please describe type of goods: _____

6. **GENERAL:** *Please tick as appropriate*

(a) Have you been on site before for a similar reason? Yes No

If so: Date: _____

(b) Are you directly associated (parent company, group company, etc) with any company based in the specified areas? Yes No

If so: (i) name of company: _____

(ii) contact person in company: _____

(iii) type of association: _____

7. YOUR DETAILS:

Full Name of Company or Organisation: _____

Full Business Address: _____

Contact person for this request: _____

Contact Numbers: Telephone: _____

Fax: _____

Mobile: _____

E-mail: _____

Contact person re: Insurance Questionnaire: _____

Contact Numbers: _____

Name of person authorised to sign Indemnity: _____

8. YOUR AGREEMENT: *Please tick as appropriate*

If permission is granted, on behalf of your company/persons involved in the activity,

Do you agree to:

- (a) Abide by the security and emergency procedures in operation in the area? Yes No
- (b) Provide a 24hr contact number? Yes No
- (c) Provide advance payment as indicated in Terms and Conditions? Yes No

9. CONFIRMATION: *Please tick as appropriate*

I confirm:

- (a) I have read and understand the Terms & Conditions
- (b) Form (this Questionnaire); has been completed to the best of my knowledge:
- (c) Form (Insurance Questionnaire) has been completed and stamped by our Insurance broker:
- (d) Form (Indemnity) has been completed and stamped by a duly authorised person:

(e) I understand that if permission is not granted, the decision is final:

SIGNED: _____ **DATE:** _____

PRINT NAME: _____