APPLICATION FORM

SOUTHERN CO-OPERATIVE FOOD PAVILION

**ROYAL ISLE OF WIGHT COUNTY SHOW**

**Sunday 8 July 2018**

Dear Trader,

Thank you for your interest in the 2018 Royal Isle of Wight County Show.

The Food Pavilion is an integral part of the Show and celebrates the best of Isle of Wight food. We are pleased to attach the details and application form.

Feedback from our visitors shows us that their shopping experience is an important part of their day. We are working hard to enhance this for our visitors and for you, our traders. As part of this, stands within the Food Pavilion will be judged and prizes awarded. Stands will be judged on:

\* Presentation. \* Originality of design.

\* Welcome, staff representation and customer service. \* Would it entice you to buy/participate?

Judging will take place throughout the day from 9am.

Please supply as much detail as possible about your stand. We are also asking for a photograph of your stand with your application. This will enable us to ensure a good flow within our trade areas so that the public has the best possible access and experience throughout the day.

**PLEASE COMPLETE ALL SECTIONS OF THE FORM**

Please do not send any money with your application. Should your application be approved an invoice will be raised and sent to you. The invoice acknowledges your booking and reserves your space at the Show.

Nearer the time, you will be sent an Exhibitor’s Pack with details of your stand, your tickets and vehicle passes.

Please note full payment of your invoice must be made within 30 days, or no later than 5 days before the date of the show (whichever is sooner) otherwise your reserved space may be re-let.

When selecting your stand size you must include space for any guy lines, units or vehicles parked on the site.

Please complete all sections of this form and return it to riwas@naturalenterprise.co.uk

**Return address: IW County Show, Shide Meadows Centre, Shide Road, Newport, Isle of Wight PO30 1HR.**

**Early booking discount for applications sent in by 31 March 2018.**

**Closing date for applications: Friday 29 June 2018.**

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| **ROYAL ISLE OF WIGHT COUNTY SHOW 2018****FOOD PAVILION BOOKING FORM** |
| **Company name** |
| **Nature of business** |
| **Address** |  |
|  |  |
| **Postcode** |  |
| **Contact name** |  | **Phone number** |
| **Contact email address** |  |
| **Lead name attending on Show day** |  |
| **Mobile phone number for Show day** |  |
| **Description of your stand and products on display/activities taking place.** |  |
| **Please include a photograph of your stand so that we can ensure a good experience for visitors throughout the Show.** |

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| **Food Pavilion Trade Stands (Space includes 6’ table)** |
| **Early Bird Offer (until 31 March 2018)** | **Standard Rate** | **No. Required (Maximum 3)** | **Total** |
| **£65** | **£85** |  |  |
| **Electricity Required** (please add more as required) | **£40** per 16 amp (= 1 double socket) |  |  |
| **\* Wight Marque Members Food Pavilion** |
| **Early Bird Offer (until 31 March 2018)** | **Standard Rate** | **No. Required (Maximum 3)** | **Total** |
| **£48.75** | **£63.75** |  |  |
| **Electricity Required** (please add more as required) | **£40** per 16 amp (= 1 double socket) |  |  |

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| **Advertising** | **Standard Rate** | **\*Wight Marque Members** | **Total** |
| Display one banner in the Main Ring | £50 | FREE |  |
|  | **TOTAL AMOUNT PAYABLE** |  |

\* To find out more about the Wight Marque scheme please visit [www.wightmarque.co.uk](http://www.wightmarque.co.uk/) or telephone 0845 226 9098.

### **FOR OFFICE USE ONLY**

Received (date) ……………………… Invoice Number …..……………………… Electricity Required Yes / No

Size of stand ……….………… Ticket Allocation ……… Extra ………. Advert Size ………………. Colour / B&W Banner Space Qty ……………….. **STAND NUMBER**………………

Further information required? Yes/No Approved traders list? Yes/No Pack sent ………………………..

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| **YOUR CHECKLIST** |
| **Photograph of your stand** (email is acceptable) | **🞏** |
| **Application form** | **🞏** |
| **Risk assessment** | **🞏** |
| **Fire risk assessment** | **🞏** |
| **Copy of insurance certificate** (Please ensure it is valid for the date of the Show) | **🞏** |

All parts of this form must be fully completed by all exhibitors / traders and caterers and be returned to the Show Office. Where evidence is requested (i.e. Public Liability Insurance), this must be available for inspection at all times whilst on site.

We collect and hold your information in accordance to the General Data Protection Regulation (GDPR). Please see the Royal Ilse of Wight Agricultural Society’ Privacy Policy – see www.riwas.org.uk.The policy clearly sets out how we collect and process your personal data, for what purposes we use it, the legal grounds of processing such data, how we keep your it secure and your rights in relation to such data.

In support of the County Show there is an opportunity for our partners to advertise in the Isle of Wight County Press. If you do not want us to share your details with the IW County Press please tick the box below.

 **It is your responsibility** to ensure that suitable and sufficient risk assessments are carried out to cover your operations and activities at our Show. You are also required to consider the risk of fire within your stand / structure. Failure to comply with a reasonable health and safety precautions, may result in you being removed from the site.

**All exhibitors are required to have full Third Party & Public Liability Insurance and must enclose copy of their current certificate. Completed risk assessments must also be submitted as indicated.**

**I / We agree to abide by the Terms and Conditions of the Show as set out on page 4.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For all booking enquiries please telephone 0845 226 9098 or email **riwas@naturalenterprise.co.uk**

**Please return your competed** form either to riwas@naturalenterprise.co.uk **or post to**

**RIWAS Shide Meadows Centre Shide Road Newport PO30 1HR**

For Terms and Conditions please see page 4.

**Terms & Conditions for Traders and Exhibitors**

1. The Show organisers reserve the right to accept or decline applications for Trade or Exhibition space and also determine the allocation of tent and site positions. The Chairman’s decision on all matters shall be final and binding. Bookings will not be accepted until full payment is received (no post-dated cheques please).
2. There can be no unauthorised raffles, collections, or games of chance. No flyers or advertising material to be distributed around the showground or put on vehicles.
3. All Traders and Exhibitors are responsible for the security of their property at all times.
4. All Traders, Exhibitors, and their staff must be in possession of a valid entry pass for the Show.
5. No part of the stand or exhibit should extend beyond the front of the allocated area. Please keep to the marked areas allocated to you.
6. All vehicles belonging to Traders, Exhibitors, and their staff must parked in the allocated parking area.
7. No part of the stand or exhibit should extend beyond the front of the allocated area.
8. Setting up may take place between **13:00 & 17:00 hrs on Saturday 7 July and must be completed by 08:00 hrs on Sunday 8 July.**
9. **There will be no vehicle movement allowed on the site between 08:00 and 17:00 hrs on the day of the Show.**
10. Taking down may not begin before **17:00 hrs on Sunday 8th July, and must be completed by 12:00 noon on Monday, 9th July.**
11. Traders and Exhibitors must at all times have due regard for public safety. All thoroughfares must be kept clear of obstructions. ALL exhibitors must comply with the relevant Health & Safety requirements. Completed general and fire risk assessment forms should be submitted with the application.
12. **Traders are not permitted to use their own generators.** Electricity can be requested at an additional charge. If you request electricity on the day of the show without pre-booking you will be charged £50 which will be collected by the Electrician on the day.
13. Please note that there must be NO SMOKING in any enclosure to which the public is admitted, including tents, marquees, toilets, etc. Your co-operation in this is appreciated.
14. All traders and exhibitors are required to have full third party and public liability insurance - please supply copy certificate with your application.
15. Cancellations notified up to 30 days prior to the Show will be subject to a charge of 50% of the fee paid. There will be no refund for cancellations after this date. Should the Organisers cancel or curtail the Show, for reasons beyond their control, no refunds will be made.
16. Please remember that the officials are unpaid volunteers and also wish to enjoy the Show. The Committee will fully support the officials in carrying out their duties, and any person not complying with these conditions will be ordered to leave without compensation.

General Risk Assessment

**ROYAL ISLE OF WIGHT COUNTY SHOW**

**Sunday 8 July 2018**

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| Date: |
| Company Name: |
| Contact Name: |
| Mobile No: |

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| **A People/Persons at Risk – Numbers at Risk** |
| Employees/Staff |  | Contractors |  | Public |  | Show Staff |  |
| **B HAZARDS** |
| Structure |  | Access/Egress |  | Vehicle movements |  | Mechanical |  | Manual handling |  | Biological agents |  | Lone Working |  |
| Animals |  | Housekeeping |  | Electrical |  | Lifting |  | Noise |  | Violence & Aggression |  | Working at height |  |
| OTHERS - SPECIFY |

**C**

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| --- | --- | --- | --- | --- |
| **Task/Activity** | **Hazard** | **Existing Control Measures** | **Initial Risk H/M/L** | **Adequately controlled** |
| List significant steps in job/task | Describe all hazards identified and their effects for each task | People at risk | Describe fully all controls applicable for each hazard. All controls must be valid in that they reduce severity, likelihood or both | Classify risk rating from matrix for each hazard | Yes/No |
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If you need extra space, please attach separate sheet.

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| **Risk assessment Circulation list (tick box)** |
| **Employees** |  | **Management** |  | **Contractors** |  |
| **Other – Specify:** |
| **Assessor:** |  | **Date Assessed:** |  | **Review Timescale:** |  |
| **Signature:** |

**Guidance on completing General Risk Assessment**

**Table A**

**Those affected**: Any person who may be affected by the work must be identified. Should there be categories of persons not listed, enter them in the boxes provided.

**Table B**

Hazards: Identify the hazards inherent to the activity being assessed, by putting crosses in the appropriate boxes. The list provided is not comprehensive. Should there be hazards that are not listed then enter them in the boxes provided.

Note: The definition of a **HAZARD** is: something with the potential to cause harm.

**Table C**

**Hazards**: List the hazards identified in Table B

**Existing Control Measures**: Outline the existing measures which will reduce the risk arising from each of the hazards listed. Check that they meet legal requirements, industry standards and represent good practice. Typical control measures include: safe design; preventing access to the hazard e.g. guarding; written procedures and instructions; training; provision of PPE etc.

**Risk**

Assess the risks arising from the hazards identified, using the criteria set out below. Consideration must be given to what is reasonably foreseeable in relation to the identified hazards and recognition of any existing control measures that reduce the risk. Enter the appropriate letter, L for low, M for medium or H for high. If the overall risk category is low, then the assessment is complete and the form circulated to those affected. However if the overall risk category is medium or high, then Additional Control Measures are required (see below).

**Note**: The definition of a **RISK** is: the likelihood that harm from a particular hazard will occur and the consequences.

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| **MATRIX** | **LIKELIHOOD** |
| **SEVERITY** | Certain or near certain to occur | Reasonably likely to occur | Unlikely to occur |
| Fatality; major injury or illness causing long term disability | HIGH | HIGH | MEDIUM |
| Injury or illness causing short term disability | HIGH | MEDIUM | LOW |
| Other injury or illness | MEDIUM | LOW | LOW |
| **RISK** |

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| Fire Risk Assessment **All Traders / Exhibitors must complete this section** |
| **Company/Trader Name:** |
| **Mobile number on site:** |
| **In order to comply with relevant fire safety legislation you MUST complete a Fire Risk Assessment of your stall or unit. The Risk Assessment needs to identify the fire hazards and persons at risk, you must endeavour to remove or reduce these risks and protect people from fire.**  |
| **Failure to comply with this requirement will result in you being removed from the site.** **You must be able to answer YES to the following questions.**  |
| **This signed and completed form must be maintained available for inspection by the** **Fire & Rescue Service / Event Organiser / Council Officers at all times.**  |
| You must undertake a Fire Risk Assessment for your unit, which must be suitable for the circumstances. You do not need to use this form, and may use another method if you wish, however, this form is considered to be suitable for most standard market stalls and units  |

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|  | Are adequate exits provided for the numbers of persons within the unit or stall? *(Are your staff and customers able to evacuate easily if the normal exit is blocked due to fire?)*  | **Yes**  | **No**  | **N/A** |
|  | Where necessary, are there sufficient directional signs indicating the appropriate escape route and do they comply with current regulations?  | **Yes**  | **No**  | **N/A** |
|  | Are the exits maintained available, unobstructed, and unlocked at all times the premises are in use.  | **Yes**  | **No**  | **N/A** |
|  | If the normal lighting failed would the occupants be able to make a safe exit? *(Consider back up lighting)*  | **Yes**  | **No**  | **N/A** |
|  | Do you have an adequate number of fire extinguishers/fire blankets available in prominent positions and easily available for use?  | **Yes**  | **No**  | **N/A** |
|  | Has the fire-fighting equipment been tested within the last 12 months? *Note: a certificate of compliance will normally be required*  | **Yes**  | **No**  | **N/A** |
|  | Have your staff been instructed on how to operate the fire-fighting equipment provided?  | **Yes**  | **No**  | **N/A** |
|  | Have your staff been made aware of what to do should an incident occur, how to raise the alarm, evacuate the unit, and the exit locations?  | **Yes**  | **No**  | **N/A** |
|  | Have you identified combustible materials that could promote fire spread beyond the point of ignition such as paper/cardboard, bottled LPG etc and reduced the risk of them being involved in an incident? | **Yes**  | **No**  | **N/A** |
|  | Have you identified all ignition sources and ensured that they are kept away from all flammable materials?  | **Yes**  | **No**  | **N/A** |
|  | Are the structure, roofing, walls and fittings of your stall or unit flame retardant? *Note: certificates of compliance will normally be required*  | **Yes**  | **No**  | **N/A** |
|  | If any staff sleep in the stall, is there a working smoke detector and a clear exit route at night? *Note: Persons should not be allowed to sleep within a high risk area and some Authorities and events do NOT allow any sleeping within units.*  | **Yes**  | **No**  | **N/A** |
|  | Are you aware that you must not stock or sell certain items, i.e. fireworks, garden flares, household candles, tea lights, etc?  | **Yes**  | **No**  | **N/A** |
|  | Do you have sufficient bins for refuse? Is all refuse kept away from your unit?  | **Yes**  | **No**  | **N/A** |
|  | Have any portable appliances been PAT tested by a qualified person in the last 12 months? | **Yes**  | **No**  | **N/A** |
|  | Are you aware that petrol generators are not permitted on site?  | **Yes**  | **No**  | **N/A** |

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| **If you use LPG**  |
|  | Do you have an inspection / gas safety certificate for the appliances and pipework? *(Copy to be available for inspection)*  | **Yes**  | **No**  | **N/A** |
|  | Are all hose connections made with “crimped” fastenings? | **Yes**  | **No**  | **N/A** |
|  | Are the cylinders kept outside, secured in the upright position and out of the reach of the general public?  | **Yes**  | **No**  | **N/A** |
|  | Are appliances fixed securely on a firm non-combustible heat insulating base and surrounded by shields of similar material on three sides?  | **Yes**  | **No**  | **N/A** |
|  | Are the cylinders located away from entrances, emergency exits and circulation areas?  | **Yes**  | **No**  | **N/A** |
|  | Are the gas cylinders readily accessible to enable easy isolation in case of an emergency?  | **Yes**  | **No**  | **N/A** |
|  | Do you ensure that all gas supplies are isolated at the cylinder, as well as the appliance when the apparatus is not in use?  | **Yes**  | **No**  | **N/A** |
|  | Do you ensure that only those cylinders in use are kept at your unit/stall? *(Spares should be kept to a minimum and in line with any specific conditions for the event)*  | **Yes**  | **No**  | **N/A** |
|  | Is a member of staff, appropriately trained in the safe use of LPG, present in the unit / stall at all times?  | **Yes**  | **No**  | **N/A** |
| **If the answer to any of the above questions is “NO”, please detail the actions you have taken to remedy the situation. Continue on a separate sheet if necessary.** |
|  |  |  |  |  |
| **Stallholder / Responsible Person:** |
| Signature | Print Name  | Date  |
| **Designation:**  |
| **Company:**  |
| **Please note: this document does not preclude you from possible prosecution or removal from the site by the organisers, should a subsequent inspection reveal unsatisfactory standards.**  |