

RECEIVED STAMP HERE  
(OFFICE USE ONLY)

This form must be used for the application of an event organising permit pursuant to CAMS National Competition Rule (NCR) 64 and must be lodged at least **ONE MONTH PRIOR** to the proposed date of competition, together with a draft of Supplementary Regulations, entry form and related fees.

**Please note this form must be submitted to:** CAMS Permits, PO Box 147, Caulfield East, Victoria, 3145, or emailed to permits@cams.com.au

Please ensure all sections are completed and signed where indicated.

## Organiser Details

<b>ORGANISER</b>	<b>ORGANISER'S CAMS ID</b>
<b>NAME OF CONTACT</b>	
<b>ADDRESS</b>	
<b>SUBURB</b>	<b>STATE</b>
<b>POSTCODE</b>	<b>EMAIL</b>
<b>MOBILE</b>	
<b>PHONE</b>	
<b>FAX</b>	

## Event Details - Medical Response/Emergency Services

<b>CLUB/PROMOTER</b>				
<b>LOCATION</b>			<b>EVENT DATE</b>	
<b>EVENT TITLE</b>				
<b>TYPE OF EVENT</b>				
<b>EVENT STATUS</b>	Club	Multi-Club	State Championship	National Championship

### 1. THE FOLLOWING PERSON IS RESPONSIBLE FOR ACTIVATION OF THE PLANNED MEDICAL RESPONSE IF REQUIRED

<b>NAME</b>	<b>POSITION</b>
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**DURING THE EVENT, THE ABOVE PERSON WILL BE STATIONED AT:**

**IN ADDITION, THE FOLLOWING PERSONNEL WILL BE AVAILABLE TO PROVIDE SUPPORT:**

<b>NAME</b>	<b>POSITION</b>
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<b>NAME</b>	<b>POSITION</b>
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**DURING THE EVENT, THE ABOVE PERSON/S WILL BE STATIONED AT:**

### 2. VENUE RESPONSE DETAILS

The following conditions meet the current medical requirements for Speed Events that cover Club, Multi-Club, State and National\* events as outlined in the CAMS medical services/requirements in the current CAMS Manual of Motor Sport.

1. DOES THE VENUE HAVE A PERMANENT OR TEMPORARY BUILDING THAT IS OR CAN BE USED AS A DESIGNATED MEDICAL CENTRE?	Yes	No
2. (IF NO TO QUESTION 1) WILL THE PATIENT TRANSPORT VEHICLE (PVT) ALSO ACT AS THE MEDICAL CENTRE FOR THIS EVENT?	Yes	No
3. DOES THE VENUE HAVE MOBILE PHONE COVERAGE?	Yes	No
4. WILL A MOBILE PHONE BE USED FOR EMERGENCY CONTACT?	Yes	No
5. AT LEAST ONE PATIENT TRANSPORT VEHICLE (PVT) WILL BE PROVIDED?	Yes	No
6. DOES THE PTV HAVE ADEQUATE SPACE FOR AT LEAST ONE STRETCHER AND ADJACENT ATTENDANT?	Yes	No

**Event Details - Medical Response/Emergency Services**

**CLUB AND MULTI-CLUB (PLEASE TICK):**

PTV fitted with the appropriate equipment for initial assessment and treatment of patients and their car during transport consistent with their competencies.

Have a crew of at least one (apart from the driver) first aid attendant qualified in basic life support competencies?

**STATE AND NATIONAL\* (PLEASE TICK):**

Is the PTV equipped to the standard of an Ambulance?

Does the event have a crew of medical professionals, with at least one member who has specialised skills in Advanced Life Support and on duty during any track activity?

*An example of appropriate training would be the Authorisation by the relevant statutory authority to:*

- *Act as an ambulance paramedic and to initiate Advanced life Support treatments and;*
- *operate equipment commensurate with their competencies for initial assessment and treatment of patients and their care during transport.*

Is the PTV authorised to transport patients on public roads under non-emergency conditions?

The vehicle must be suitable to be driven on the course during competition and must be driven by a skilled and experienced driver?

**\*NATIONAL EVENTS ARE REQUIRED TO SUPPLY A MEDICAL PLAN A, AS DETAILED IN THE MEDICAL SERVICES/ REQUIREMENTS SECTION OF THE CAMS MANUAL OF MOTOR SPORT**

**ALL EVENTS**

**THE LOCATION OF THE MEDICAL CENTRE (IF ONE EXISTS) IS:**

**THE LOCATION OF THE PATIENT TRANSPORT VEHICLE:**

**3. COMMUNICATION**

**THE METHOD OF COMMUNICATION BETWEEN THE CLERK OF THE COURSE AND THE NOMINATED PERSON IN CHARGE OF EMERGENCY MEDICAL SERVICES WILL BE:**

**THE METHOD OF COMMUNICATION TO THE PERSONNEL MANNING THE PATIENT TRANSPORT VEHICLE (IF APPLICABLE) WILL BE:**

**4. IN THE EVENT OF AN ACCIDENT IN WHICH SOMEONE IS INJURED**

The person identified above should:

- assess the extent of the injuries of those injured
- organise appropriate, immediate comfort and assistance to be provided to those injured; and
- take steps to activate further response, eg:
  - the casualty is taken to the local doctor by car;
  - the casualty is taken to the hospital by car;
  - an emergency call to "000" is made;
  - the local hospital is contacted;
  - a local doctor is contacted; and/or
  - an official travels to the nearest telephone to initiate an emergency call.

**5. IMPORTANT INFORMATION**

The nearest hospital with Emergency Services is:

**NAME OF HOSPITAL**

**ADDRESS**

**PHONE**

**EMERGENCY SERVICES TELEPHONE NUMBER**

000

**MOBILE PHONE SERVICE AT THIS VENUE IS ACTIVE**      Yes      No

**THE NEAREST AVAILABLE TELEPHONE TO THIS VENUE IS LOCATED**

**6. OPERATION**

When an incident occurs, the Clerk of the Course will make an assessment as to the requirement for medical attendance and will advise the Chief Medical Officer and/or Medical Services Manager accordingly. Following initial assessment of the casualty, the Patient Transport Vehicle may be dispatched to the scene to provide further assistance. At this stage, further assistance may be requested from resources outside the venue (i.e. 000).

**OFFICE USE ONLY**
**PERMIT NUMBER**
**Safety 1st Checklist**

If the event being organised engages any external contractors which are suppliers of goods or services (other than members of the organising club, or catering or fuel supplying persons/organisations where the use of such persons/organisations is a requirement by the venue management and the use of the venue is conditional on such services), it will be necessary to fill out the *Contractors List (Document No. CAMS SF2.1)*.

On the day of the event please fill out the *Contractor Checklist (Document No. SF2.2)* for each contractor attending the event. For more information regarding individuals and organisations and if they are considered contractors, refer to Contractors List. This Checklist is non-exhaustive and should be used as a guide only. Each Organiser has the responsibility to identify hazards and assess, record, address and review them in accordance with the CAMS Safety 1st Strategy.

**NOTE:** Under 'Planning' please answer 'Yes' or 'NA'. Under 'Operational' please answer 'Yes' or 'No'.  
If you answer 'No' in the 'Operational' section, you will need to complete a Targeted Risk Assessment for that item.  
TRA forms should be supplied back to CAMS for inclusion in the CAMS Risk Register.

**For a list of Safety 1st documents visit:** <http://www.cams.com.au/motor-sport/safety/safety-in-motor-sport>

**For TRA forms visit:** <http://www.cams.com.au/motor-sport/safety/targeted-risk-assessments>

**CAMS REGULATIONS AND PRELIMINARY REQUIREMENTS**
**PLANNING**
**OPERATIONAL**

1.1 Is the venue appropriately licenced or otherwise approved for the activity proposed by the relevant civil authorities?

1.2 Have all the entry forms for the competitors been checked to ensure they are completed and signed by the appropriate competitor and/or driver and/or service/pit crews?

1.3 Have the Stewards of the meeting been issued with all relevant documentation for the event by the Organiser?

**OH&S POLICY REQUIREMENTS**

2.1 Does the event have an OH&S Policy?

2.2 Has the Organiser considered where it will be displayed at the event, so that it might be readily viewed?

2.3 Does the Organiser have plans to ensure all officials of the event are aware of the Policy?

**OH&S CONSULTATION REQUIREMENTS**

3.1 Has the Organiser considered who will be the most appropriate person for the Stewards to speak with in regards to health and safety issues?

3.2 Has the Organiser made arrangements for specific meetings to be held with the Stewards/Organiser/Venue Management before the event starts?

3.3 If health and safety issues arise, is there a process in place for these to be dealt with?

**EMERGENCY PLANS**

4.1 Has a Medical Response Plan been lodged with CAMS (For National Events only)?

4.2 Does this plan cover the public as well as the competitors/crews/officials?

4.3 Are there arrangements for emergencies: fire/site evacuation?

4.4 Have all fire fighting extinguishers to be used been checked and confirmed as appropriate?

**INCIDENT AND REPORTING**

5.1 Has the Organiser arranged to have adequate stocks of all relevant CAMS forms, including CAMS Accident Report Forms, CAMS Incident Report Forms, CAMS Injury Report Forms, CAMS TRA Forms and CAMS TRA Completion Procedure?

**SITE SUITABILITY**

6.1 Are Paddock and non-competition areas for competitors acceptable for the purpose?

6.2 Are spectator areas secure and acceptable for the purpose?

6.3 Are appropriate signs planned (design, location and erection) for 'way signs' such as Prohibited Area, Emergency Exit etc in spectator and competitors areas?

## Safety 1st Checklist

### SITE INDUCTIONS/BRIEFINGS

PLANNING

OPERATIONAL

7.1 Is there a site induction/briefing planned for officials and competitors/drivers/crew?

### BUILDING SUITABILITY

8.1 Have all buildings being used been inspected by the organisers for suitability for the purpose?

N/A

### FOOD AND CONTRACTORS

9.1 Is it proposed to dispense food at the event? If so, local council requirements may exist (please refer to Safety 1st on the CAMS website for more information).

N/A

9.2 Is it proposed to use an 'outside' contractor to dispense or sell food? **If an outside contractor is proposed please also complete the contractor list (SF2.1) for each contractor.**

9.3 Are any other types of 'outside' contractors to be engaged by the event organiser? **If an outside contractor is proposed please also complete the contractor list (SF2.1) for each contractor.**

9.4 Has the event organiser made arrangements to be notified if non-event contractors are entering the event?

N/A

### OFFICIALS

10.1 Are all officials considered to be operating from a safe/risk minimum area/environment?

N/A

### MISCELLANEOUS

11.1 Will appropriate precautions be made for electrified equipment planned to be used by the organiser on the site?

### TRAFFIC MANAGEMENT AND VENUE SET UP/TEAR DOWN

12.1 Are there arrangements for the set up of the venue?

12.2 Are there arrangements for the arrival of competitors/public?

12.3 Are there arrangements for the departure of competitors/public?

12.4 Are there arrangements for the tear down of the venue?

## Motor Sport Passenger Ride Activity (MSPRA)

Will a MSPRA be conducted at the Event? Yes No

If yes, will the Event contain activities other than the MSPRA? Yes No

I confirm that I have read and understood the CAMS MSPRA Policy <http://www.cams.com.au/get-involved/events/passenger-activity> and that each MSPRA will be conducted in accordance with that Policy.

Note: The Event Organiser must submit a request to CAMS to conduct an Activity at the Event that does not comply with, or which requires separate approval by CAMS, under the CAMS MSPRA Policy.

## Application Statement

I confirm this event shall be conducted under the provisions of the ISC of the FIA and the National Competition Rules of CAMS and undertake to comply with any further conditions that CAMS may impose.

I acknowledge that I am responsible for ensuring that all officials of the event (other than CAMS appointed officials) are appropriately accredited under the CAMS National Officiating Program.

I confirm that the CAMS Disclaimer used for this event will be unaltered in wording from that advised on the CAMS website (<http://www.cams.com.au/get-involved/events/disclaimers>), appropriate for the event detailed in this application and that I will ensure that each competitor, driver, passenger, official, navigator, service and pit crew member and official signs the appropriate disclaimer.

NAME

POSITION

SIGNED

SIGN HERE

DATE

**Payment Details**

**NOTE: Please tick all appropriate boxes to indicate the level of event for which you are paying.**

**ALL MULTI-CAR EVENTS  
(INCLUDING SUPERSPRINT)**

CLUB	\$665
MULTI-CLUB	\$970
STATE CHAMPIONSHIP	\$1400
NATIONAL CHAMPIONSHIP	\$3150

**ONE CAR SPRINT**

CLUB	\$550
MULTI-CLUB	\$830
STATE CHAMPIONSHIP	\$1175
NATIONAL CHAMPIONSHIP	\$3085

**HILL CLIMB**

CLUB	\$550
MULTI-CLUB	\$830
STATE CHAMPIONSHIP	\$1175
NATIONAL CHAMPIONSHIP	\$3150

**AUTOCROSS**

CLUB	\$550
MULTI-CLUB	\$830
STATE CHAMPIONSHIP	\$1175

**RALLYCROSS**

CLUB	\$550
MULTI-CLUB	\$830

**QUARTER MILE SPRINT**

CLUB	\$550
MULTI-CLUB	\$830

**OTHER SINGLE CAR EVENT  
(TO BE SPECIFIED ON APPLICATION)**

CLUB	\$550
MULTI-CLUB	\$830

**REGULARITY**

CLUB (PERMANENT TRACK)	\$640
MULTI-CLUB (PERMANENT TRACK)	\$985

<b>TOTAL</b>	<b>\$</b>
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**Payment**

**Paying by (please tick appropriate box):**

Invoice **(Electronic Funds Transfer)**

Cheque/Money Order **(made payable to 'Confederation of Australian Motor Sport Limited')**

Credit Card **(please complete details below)**

**Card Type:**

**MASTERCARD**

**VISA**

**CARD NUMBER**

**EXPIRY** /

**NAME ON CARD**

**SIGNED**

SIGN HERE

**Permits and Codes**

I	II	III	IV
<p><b>S</b></p> <p>Speed Events</p>	<p><b>Status of Event</b></p> <p>2. National Championship                      3. National Other                      5. State Championship                      6. Multi-Club                      7. Club</p>	<p><b>Type of Event</b></p> <p>G. All Multi-Car Events (including Supersprint)                      H. One-Car Sprint                      I. Hillclimb                      J. Autocross                      K. Rallycross                      L. Quarter-Mile Sprint                      M. Other Single Car Events (please specify on form)</p>	<p><b>Fourth Letter (if applicable)</b></p> <p>S. Sponsors Day                      T. Training Day</p>
<p><b>R</b></p> <p>Other Competitive Events                      Drifting, Regularity, Nats Events, etc.</p>	<p><b>Status of Event</b></p> <p>2. National Championship                      5. State Championship                      6. Multi-Club                      7. Club</p>	<p><b>Type of Event</b></p> <p>D. Drifting                      R. Regularity                      T. Club Driver Training</p>	<p><b>Fourth Letter (if applicable)</b></p> <p>P. Permanent Circuit                      T. Temporary Circuit</p>

**PLEASE RETURN FORM TO:  
 CAMS PERMITS P.O BOX 427 CAULFIELD EAST, VIC, 3145**

**OR EMAIL TO:  
 PERMITS@CAMS.COM.AU**