

CAMPUS EVENTS APPLICATION FORM

For Monash University Malaysia staff and students

* Please allow two working days for processing.

| ORGANISER'S DETAILS: | |
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| Name of key contact for this event: | |
| Designation: | |
| School/Unit/Student Group: | |
| Telephone: | |
| Facsimile: | |
| Mobile: | |
| E-Mail: | |

| DETAILS OF EVENT: | |
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| Name of event: | |
| Proposed date of event: | |
| Proposed time of event: | |
| Proposed event venue: | |
| Main objectives of the event: | |
| Expected number of attendees: | |
| What other organisations will be involved in the event? | |

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| (please include an attachment if there is an extensive list of external parties to be invited) | |
| Are you wishing for the Pro Vice-Chancellor to host the event? | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| Who is the proposed Guest of Honour at the event? | |
| Proposed role for each VIP: (e.g. open, launch, welcome, keynote address, attendance only) | |
| Name/s of VIP/s: (please include as an attachment a list of proposed Government and VIPs with full title, position held and contact details) | Attached Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| Reason for Government and VIP invitation: (i.e. relevant Minister, provided funding, industry partner) | |
| Background brief: (please attach a brief of the event which includes proposed arrangements for catering or any external event support) | Attached Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| Approved budget: (please confirm that your school/unit has the approved budget for this event) | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |

| EVENT SUPPORT: | |
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| What foreseeable risk, if any, does this event pose to the campus? | |

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| Do you propose to invite the media to this event? (if yes, approved events will be forwarded to the Media Office for follow-up) | Yes [] No [] |
| Do you require specific services from any of the following areas: | |
| Facilities Management: | |
| Occupational, Health and Safety: | |
| Security: | |
| Other areas or event support needed: | |

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| AUTHORISATION: | |
| I hereby declare that the information provided in this request is correct and has been approved by my head of school/unit/MUSA or MUPA President. | |
| _____ | _____ |
| Applicant's signature | Approval of Head of School/Unit/MUSA/MUPA |
| ADVANCEMENT USE ONLY: | |
| Date received: | Received by: |
| Actions: Approved / Denied | |
| Please return a signed copy of the completed form to the Events Office at mum.events@monash.edu or extension 46046, located in Room 2208, Level 2, Building 2. The Events Office will contact you directly once approval is given and liaise with Facilities, OHS and Security to ensure delivery of agreed services. Changes to the information provided in this form must be approved by the Director of External Relations, Development and Alumni. | |