

ROAD RACE / MULTI TERRAIN MEDICAL RETURN FORM

EVENT NAME

LICENCE No

EVENT DATE

WAS A SPECIFIC LEVEL OF MEDICAL COVER ADVERTISED?	If YES Please state level advertised	LEVEL 1 / LEVEL 2 / LEVEL 3
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PROMOTERS PLEASE NOTE:

A COMPLETED COPY OF THIS FORM SHOULD BE RETURNED TO THE LICENCE ISSUING BODY AT THE SAME TIME AS THE RACE PROMOTERS RETURNS FORM (N.B: within 1 month of the actual race)

WHERE DEATH HAS OCCURRED, OR OTHER INCIDENT (MEDICAL OR OTHERWISE) TAKEN PLACE THAT COULD LEAD TO AN INSURANCE CLAIM, A UKA ACCIDENT REPORT FORM MUST BE COMPLETED AND THE INSURANCE BROKERS CONTACTED AS SOON AS POSSIBLE AFTER THE EVENT (for report forms email information@uka.org.uk)

MEDICAL RETURN (ideally this should be completed by the Race Medical Officer / Lead Clinician / Lead First Aider)

NUMBER OF INCIDENTS REQUIRING MEDICAL / FIRST AID INTERVENTION	Total	Breakdown by Sex and Age (if known)					
	only include competitors	Male			Female		
		Under 20	20 - 39	40 & over	Under 20	20 - 39	40 & over
Defibrillated							
Hospitalisation							
Death							
Total							

MEDICAL PROVISION (ACTUAL ON DAY)

Doctors No:	Nurses No:	Ambulances No:
Paramedics No:	Physios No:	Defibrillators No:
First Aiders No:	Organisation:	Contact Tel. No:
Other		

Race Medical Officer / Lead Clinician	Contact Tel. No.
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COMMENTS / OTHER INFORMATION

ROAD RACE REFEREE / Athletics NI ROAD RACE REPORT FORM

1. Road Race Licence

(a) Was it displayed and in a conspicuous place? *YES *NO

2. Risk Assessment

(a) Was the risk assessment available for Inspection on the day? *YES *NO

3. Start Area

(a) Was area well marked? *YES *NO

(b) Was area well supervised? *YES *NO

(c) Was area free from traffic hazards? *YES *NO

(d) Did the race(s) start on time? *YES *NO

4. Course Signage

(a) Were you aware of any problems with the signing of the Course *YES *NO

5. Race Supervision

(a) Was there a lead vehicle? *YES *NO

(b) Was there a 'sweep' vehicle? *YES *NO

6. Police

(a) Were Police in attendance *YES *NO

7. Course Marshals

(a) Were they suitable *YES *NO

(b) Were they wearing high visibility clothing? *YES *NO

(c) Were they all positioned at appropriate locations on the course? *YES *NO

8. Event Volunteers (admin, marshals, general volunteering) Male Female

(a) Please give numbers of event volunteers:

9. Water/Feeding Stations

(a) Were they provided at appropriate locations on course and at the finish? *YES *NO

10. Finish Area

(a) Was the area in a safe location? *YES *NO

(b) Was the area well marked? *YES *NO

(c) Were there sufficient marshals to ensure correct finishing order? *YES *NO

(d) Were there sufficient Timekeepers & Recorders? *YES *NO

12. Weather Conditions (please describe):-

13. Toilet Facilities

(a) Were they available in adequate numbers at start and finish? *YES *NO

Please supply any additional information and/or details of any relevant incident or problem on a separate sheet

***Race Referee**

Full Name

ROAD RACE / MULTI TERRAIN PROMOTERS RETURNS FORM

PLEASE COMPLETE THIS FORM AND FORWARD **WITHIN ONE CALENDAR MONTH** OF THE DATE OF THE RACE TOGETHER WITH THE FOLLOWING

- (1) COPY OF A COMPLETED UKA RACE MEDICAL RETURN
- (2) A COPY OF THE FULL RACE RESULT SHEET
- (3) A CHEQUE FOR THE LICENCE FEE LESS THE £25 DEPOSIT. (BANDS ARE SHOWN ON PERMIT PRICING DOCUMENT)

PLEASE GIVE DETAILS OF **ENTRIES** RECEIVED FOR YOUR RACE:

	Men	Women	Total
Number of Attached Runners			
Number of Unattached Runners			
Totals			

PLEASE ENCLOSE A CHEQUE MADE PAYABLE TO
"ATHLETICS NORTHERN IRELAND" FOR THE LICENCE FEE FOR
ALL ATHLETES THAT ENTERED YOUR RACE LESS £25 DEPOSIT.

IS YOUR RACE TO BE HELD AGAIN NEXT YEAR **YES** **NO** **NOT YET DECIDED**

Do you want these details published now? **YES** **NO**

PLANNED DATE OF NEXT YEARS RACE

CONTACT NAME FOR NEXT YEARS RACE

(If no race is planned for next year you must still give a contact name & address so that the levy receipt can be sent)

ADDRESS

EMAIL ADDRESS

POST CODE

EVENING TEL No.

DAYTIME TEL No.