



North East Ambulance Service **NHS**  
NHS Trust

[Ambulance Headquarters](#)

Bernicia House  
Goldcrest Way  
Newburn Riverside  
Newcastle Upon Tyne  
NE 15 8NY

Tel: 0191 430 2000

Fax: 0191 430 2083

Thank you for your letter requesting an ambulance crew to visit your event.

Could you please fill in the form overleaf and return it to us so that we can process your event request. Please ensure that the risk assessment is completed if you are requesting a vehicle at your event. **Please note that vehicle availability is quite limited, so only request one if it is an integral part of your event.**

Although every effort will be made to fulfil your request, I must emphasise the visit can only be covered if sufficient resources are available and that it could be cancelled at short notice if demand on the service is excessive.

Please ensure your form is returned at least 6 weeks before your events in order for us to make the necessary arrangements. Visits with dates before the six weeks will not be considered, even if you know a staff member willing to participate.

If you would like to discuss this further do not hesitate to contact me on (0191) 430 2009.

Yours Sincerely ,

**Kerri James | PR and Communications Assistant  
North East Ambulance Service NHS Trust**

Press Office: 0191 430 2099 | Direct Line: 0191 430 2009 | Mobile: 0796 746 0522  
Bernicia House | Goldcrest Way | Newburn Riverside | NEWCASTLE UPON TYNE | NE15 8NY



Visit Number:

Ambulance Site Visit Assessment Form

Name of person completing form:	_____
Job Title	_____
Name of Organisation:	_____
Address:	_____ _____ _____
Postcode:	_____
Contact Name	_____
Contact Telephone:	_____
Contact Email Address:	_____

<b>Visit Information</b>	Date of Visit:	
	Time of Visit:	
	Duration of Visit in Hours:	
	Number of Attendees:	
	Age of Attendees: (please circle all that apply)	3-10 yrs 11-17 yrs 18 yrs and over
	Topic: (First Aid, Careers)	
	What is expected from the North East Ambulance Service?: i.e. Q+A session, First Aid Demonstration,	
	For Safety and Security during the site visit, do any of the attendees have any special needs or disabilities that the North East Ambulance Service should be aware of?	
	Are you related to/know someone within the Ambulance Service who you have discussed the visit with/ have in mind for the visit?	

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Visit Number:

Ambulance Site Visit Assessment Form

If you would like to request a vehicle, fill in questions 1 - 9 below to ensure your site is suitable for a visit. Please note that vehicle availability is quite limited, so only request one if it is an integral part of your event.

<b>Site Assessment Questions</b>	1.	Is easy access and exit to site available for vehicles?	Yes	No	Details:
	2.	2. Is a Hard Standing surface available for our Vehicle throughout the visit?	Yes	No	Details:
	3.	Is the hard standing level?	Yes	No	If <u>not</u> what approximate level is the incline?
	4.	Are Height restrictions in place?	Yes	No	Details:
	5.	Are width restrictions in place?	Yes	No	Details:
	6.	Are weight restrictions in place?	Yes	No	Details:
	7.	Is there an electricity supply available?	Yes	No	Details
	8.	Can Pedestrians be segregated from the site while the Vehicle is moving?	Yes	No	Details:
	9.	Will persons under 18 years old be supervised by site staff during the visit	Yes	No	Details:
Please complete a sketch of the visit site noting any of the above.					

**Site Manager Declaration**

I, the person responsible for the management of the site, declare that the above information is accurate and true to the best of my knowledge.

Name (Please print) \_\_\_\_\_ Signature \_\_\_\_\_

Job title \_\_\_\_\_ Date and Time \_\_\_\_\_

**NEAS STAFF USE ONLY**  
**STAFF: When first arriving on site make sure all of the above is correct and in order**

**In your opinion is the site suitable for a visit with a vehicle?**

Staff Member Name (Please print)	Staff Member Signature	Date & Time