



QP 0525
10/08
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QUEENSLAND POLICE SERVICE

PARTY SAFE REGISTRATION FORM

Please note:

By registering your party, subject to operational convenience and requirements, the **Queensland Police Service (QPS) will endeavour to maintain a generalised presence in the surrounding area of your party, however, cannot guarantee that a police presence will always be possible.** A police response should be available in-line with its obligations to the community upon receiving a request for assistance. QPS does not guarantee that reliance on the information provided will prevent any loss, injury, damage or other adverse incident from occurring during or in connection with a registered party.

Party details

Party date: _____ / _____ / _____
Party start time: _____ am / pm Approximate finish time: _____ am / pm
Address of party: _____
Suburb/Town: _____ State: _____ Postcode: _____
Occasion (18th, 21st, graduation etc.): _____

Host details

Family name: _____ Given name(s): _____
Address (if different to above): _____
Suburb/Town: _____ State: _____ Postcode: _____
Telephone no.: _____ Mobile no.: _____
Will the host be in attendance for the duration of the party? Yes No
Host contact number during the party (if different to above): _____

Name of second contact person who will be in attendance for the duration of the party

Family name: _____ Given name(s): _____
Contact number during the party: _____

Other details

Approximate number of guests: _____ Average age of guests: _____
Number of responsible adults supervising: _____
Is there likely to be alcohol at the party? Yes No BYO (bring your own alcohol)? Yes No
Is licensed security being employed for the party? Yes No Have the neighbours been notified? Yes No
Do you want Party Safe identification wrist bands? Yes No If yes, how many do you need? _____
Name of person registering the party: _____
Contact phone number(s): _____
Additional party information: _____

Have you consulted the Party Safe brochure and checklist to ensure all aspects of hosting a safe party have been considered? Yes No

Where did you hear about Party Safe? _____

Please complete all sections above about your upcoming party to ensure a safe and more enjoyable time for everyone.

Please return this form by post, fax, e-mail or in person, **at least TWO WEEKS before** your party date to your nearest police station.

Privacy Statement

The collection of this information is authorised by legislation or Queensland Police Service (QPS) policy established under the *Police Service Administration Act 1990* (Qld) and the *Police Powers and Responsibilities Act 2000* (Qld). The information may be used to assist in performing the statutory functions and responsibilities of the QPS. The QPS may disclose some or all of this information to employees and contractors involved in the processing of this form. The information may also be disclosed to those persons and agencies outside the QPS as provided for by legislation or in accordance with the *Information Privacy Act 2009*. Failure to supply the requested information may mean that the QPS is unable to process this form.

QPS to complete

Date received:	Officer's name:	
Any CAD jobs related to party?	Rank:	Reg no.:
	Station:	