



| <b>SECTION 1</b>  |  |                         |             |            |  |
|---|--|-------------------------|-------------|------------|--|
| <b>APPLICANT AND EVENT DETAILS</b>  |  |                         |             |            |  |
| <b>(Applicant to complete section 1 to 3)</b>   |  |                         |             |            |  |
| <b>Applicant Name</b>   |  | <b>Application Date</b> |             |            |  |
| <b>Department</b>   |  | <b>Contact Nr</b>       |             |            |  |
| <b>Event Date</b>   |  | <b>Time</b>             | <b>From</b> | <b>To</b>  |  |
| <b>Location</b>   |  | <b>Venue</b>            |             |            |  |
| <b>Type of event</b>  |  | On campus               |             | Off campus |  |
| <b>"ON CAMPUS"</b> : 3 VUT campuses / Isak Steyl Sport Stadium / Quest Conf Estate / VUT Southern Gauteng Science & Technology Park (SGSTP) |  |                         |             |            |  |
| <b>Number of guests:</b>  |  |                         |             |            |  |
| <b>Full Description of the event:</b>   |  |                         |             |            |  |
| <b>Supporting documents Attached:</b>   |  |                         |             |            |  |

| <b>SECTION 2</b>   |  |
|--|--|
| <b>COVID PROTOCOLS</b>   |  |
| <b>(The applicant confirms that the following protocols have been put in place to prevent infection) Tick with X</b> |  |
| <b>Sanitization</b>  |  |
| <b>Temperature Scanning</b>  |  |
| <b>Covid-19 Questionnaire</b>  |  |
| <b>Attendance Register</b>   |  |
| <b>Wearing of masks</b>  |  |
| <b>Social Distancing</b>   |  |
| <b>Catering</b>  |  |

|   |  |
|---|--|
| <b>Containment measures in place</b>          |  |
| <b>Permits required for external visitors</b> |  |
| <b>Reporting</b>                              |  |

| <b>SECTION 3<br/>ADDITIONAL SERVICES</b><br>(If additional services are required, this must be indicated in detail) |  |
|---|--|
| <b>Clinic</b>   |  |
| <b>OHS</b>  |  |
| <b>Paramedics</b>   |  |
| <b>Advancement Dept.</b>  |  |
| <b>Signature : Applicant</b>  |  |

| <b>SECURITY PLAN</b>                  |  |
|---------------------------------------|--|
| <b>Tactical</b>                       |  |
| <b>Fire Response</b>                  |  |
| <b>Operations Supervisor</b>          |  |
| <b>Operations Officer</b>             |  |
| <b>Guard Commander</b>                |  |
| <b>Traffic</b>                        |  |
| <b>Surveillance</b>                   |  |
| <b>Liaison Officers</b>               |  |
| <b>Order Book</b>                     |  |
| <b>Signature : Operations Manager</b> |  |

| <b>COVID TASK TEAM</b>                 |  |
|--|--|
| <b>Additional conditions to be met</b> |  |
| <b>Chairperson</b>                     |  |

| <b>Task Team</b> | <b>Approved</b> | <b>Rejected</b> |
|------------------|-----------------|-----------------|
| <b>Date</b>      |                 |                 |

<sup>1</sup> Sections 1 to 3 must be completed in full by the applicant and submitted to Protection Services - Operations Management. A signature by Protection Services is not a recommendation but confirmation that security measures will be put in place based on the information provided. Protection Services will forward the document to the Covid Task Team for approval.

