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| **Organising society:** |       |
| **Name of society representative:** |       |
| **Date of event (DD/MM/YYYY):****Start time of event (HH:MM):****End time of event (HH:MM):****Room:****Title and purpose of event:** |  Click here to enter a date.                          |

# **External Speaker Information**

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| **Name** **(*Please include all names that you may be known by)*** |       |
| **Date of birth:** |       |
| **Organisation:** |       |

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| Please provide the following details of the external speaker/s attending this event |

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| **Name** **(*Please include all names that you may be known by)*** |       |
| **Date of birth:** |       |
| **Organisation:****Topics to be discussed:** |            |

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| Please answer the following questions |

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| Have tickets been issued?       |
| Is there any known or likely media interest in the proposed event?       |
| Where was the event advertised? (E.g. Internally / social media)      |
| Is the event likely to have an impact on the University’s / Student Union’s reputation?       |
| Is there any known or likely impact on the safety of students, staff or wider community attending the event?      |
| Will there be external catering?Yes [ ]  No [ ]  |
| *(If you have said yes, you will need to see our procedures for governing visitors on campus)*When completed this form will need to be authorised by:1. *Students Union authorisation…………………………………………*
2. *Head of Security authorisation………………………………………...*
3. *Head of Catering (if applicable)………………………………………..*
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