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| **UBDLogo__colour_**  **UNIVERSITI BRUNEI DARUSSALAM** | **EVENT APPROVAL FORM [EM 1]** |

***IMPORTANT:***

* **Who should use this form?**

The form must be completed by the Event Organiser and **signed by the Dean, Director or the most senior officer of the organising committee.**

# When to submit the form?

The form has to be completed and submitted to Office of Assistant Vice Chancellor (Corporate and Administration) **at least 30 working days prior to the commencement of the event.**

# How to submit the form?

Please email the completed form in **PDF format** to **office.ca@ubd.edu.bn.**

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| For more information, please read the Guidelines forOrganising Events, Conference, Workshops and other related activities via the staff portal. |

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| **1. EVENT’S DETAILS** | | |
| **Organiser / Co-organiser**  ***(If involving external agencies as co-organiser, please state the reason)*** |  | |
| **Event’s title** |  | |
| **Event’s date and time** |  |  |
| **Event’s mode** | Physical | Online |
| Venue : ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of setting up : \_\_\_\_\_\_\_\_\_\_  Date of dismantling : \_\_\_\_\_\_\_\_\_\_\_ | Platform : ­  Microsoft Teams    Zoom    Others : ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Type of event** | Seminar / Talk    Training / Workshop    Public Lecture | Signing Ceremony    Student’s project    Others : ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Activities involved in the event**  ***(Please attach full programme details)*** | Not applicable  Inviting vendors  Performances | Donation Drives    Competitions    Others : ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Proposed Guest of Honour(s)**  **(if any)** |  | |
| **Participants / Guests** | UBD Staff UBD Students General Public  Academics and Students from Educational Institutions  (Academic Setting only)  Invited Guests from Government agencies ­­­  Please state which agencies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Invited Guests from Non–Government agencies  Please state which agencies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Others : ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Estimated number of participants / guests** |  | |
| **Objective(s) of the event** |  | |
| **Expected outcomes** |  | |

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| **2. FUNDING INFORMATION** | | |
| **Estimated Cost in BND**  ***(Please attach budget breakdown)*** |  | |
| **Funded by** | Self-funding  Faculty Fund | Via Sponsorship  Others : ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **3. RISK MANAGEMENT (For Physical Event only)** | |
| **Have you conducted risk assessment for the event?** | Yes No |
| **Has the risk assessment been endorsed by the OSHE?** | Yes No  *If yes, please attach the endorsed risk assessment document* |

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| **4. DECLARATIONS** | |
| **Declaration of Event Organiser**  **(Focal person)** | 1. I certify that the information provided on this form is correct to the best of my knowledge; 2. I declare that I have considered the health and safety risks arising from this event and have consulted the relevant stakeholders; and 3. I understand that I should inform the Dean, Director or the most senior officer of the organising committee should there be any substantial changes or any incident causing loss, damage or complaint occurs prior to the event.  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name | : |  | |  |  | | Designation | : |  | |  |  | | Contact No | : |  | |  |  | | Signature | : |  | Date | : |  | |
| **Declaration of Dean, Director or the Chair of the Organising Committee** | 1. I certify that the information provided on this form is correct to the best of my knowledge; and 2. I have considered the foreseeable risks and control measures (mitigation) for this event and hereby recommend this event to proceed.  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name | : |  | |  |  | | Designation | : |  | |  |  | | Contact No | : |  | |  |  | | Signature | : |  | Date | : |  | |

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| **FOR OAVCCA ONLY** | | | | | | |
| **Approval from**  ***Assistant Vice Chancellor***  ***(Corporate and Administration)*** | | Yes No  Remarks :   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Signature | : |  | Date | : |  | | | | | |
| **Date of acknowledgement receipt :** ­­­\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | **Date of approval : ­­­­**­­­\_\_\_\_\_\_\_\_\_\_\_\_ |
| **FEEDBACK THREAD** | | | | | | |
| 1) Seeking to AVCs : | AA | | GA | R | IE | **Date :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2) Feedback received : | AVC AA  AVC GA  AVC R  AVC IE | | | | | **Date :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Remarks** |  | | | | | |

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| **No.** | **CHECKLIST(S)** | | |  | |
| **1)** | Covering Minute /Letter / Email |  |  | |
| **2)** | Completed EM1 Form |  |  | |
| **3)** | Supporting documents including but not limited to the following :  **3(a) For Seminar / Talk / Training / Workshop**   * Speaker’s profile/s * Abstract of seminar / talk / training / workshop etc * Proposal (if any) * Event’s programme (if any) |  |  | |
| **3(b) For Signing Ceremony or other Universities events**   * Proposal paper * Event’s programme (including GOH) |  |  | |
| **3(c) For Student’s project**   * Proposal paper * Approval letter/s from authorities or other organisations for the activities involved (if any) |  |  | |

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