



CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

SAFETY AT SPORTS AND RECREATIONAL EVENTS ACT 2/2010

SECTION 6 (3) APPLICATION

THE NATIONAL COMMISSIONER
PROVINCIAL COORDINATION CENTRE
SOUTH AFRICAN POLICE SERVICE
WESTERN CAPE

c/o Lt Colonel A J Lourens Lt Colonel A C Roziers

Per e-mail: wcpceo@saps.gov.za

Office number: 021- 466 -0220/222/2224

SECTION 6 (3) - SAFETY AT SPORTS & RECREATIONAL EVENTS ACT, 2010 (ACT NO. 2 OF 2010) : APPLICATION FOR EVENT RISK CATEGORIZATION	
ANNUAL SCHEDULE OF EVENTS	
Legal name of sports or recreational controlling body or event organizer:	
Sports Season/Calender Year: (Insert calender period)	

EVENT DETAILS	
EVENT 1:	
SECTION 1 - EVENT DETAILS	
Name of Event:	
Nature/ Type of Event:	
Event Venue/ Stadium/Route:	
Local Authority certified safe spectator capacity of the Venue/ Stadium:	
Physical Address of Event Venue/ Stadium:	
GPS Co-ordinates of Event Venue/ Stadium:	
Day & Date of Event:	
Scheduled Commencement Time of Event:	
Anticipated Duration of Event (spectator access time to closure of venue):	
Popularity/ reputation of the event:	
Expected spectators / participants attendance:	
Any VIP's/ VVIP's/Ministers attending/ participating in the event:	
Suitability of the Stadium/Venue/ Route:	
Historic record of safety, security and medical incidents at similar events:	
Any relevant crime statistics and crime trends:	
Any threat analysis information regarding the event:	
Any information wrt the sale and consumption of liquor at the event	
Relevance of the outcome of a competitive event:	
Level of rivalry between competing sports teams or sports persons participating and /or any tension/ rivalry which may exist between the supporters:	
Positions of the teams on the league or rankings of the persons participating:	
Any international, national, local social, economic, political, or security related factors which may have an impact on the event from a safety and security perspective:	

EVENT DETAILS	
EVENT 1:	
SECTION 1 - EVENT DETAILS	
Availability of police officials, emergency and essential services to assist at the event:	
The nature of pre-event spectator entertainment and marketing promotions contemplated in Section 4(1):	
Any other factor that the National Commissioner must take into consideration:	
Nearest SAPS Police Station	

SECTION 2 - RESPONSIBLE PERSONS (Section 4(1) of the Act)	
CONTROLLING BODY:	
Contact Details:	
Full Names of Contact Person:	
Official Position Held:	
E-mail:	
Telephone Number:	
Mobile Number:	
Postal Address:	Code:
Physical Address: (Please complete Physical address and not PO BOX)	Code:

EVENT ORGANISER	
Contact Details	
Full Names of Contact Person:	
Official Position Held:	
E-mail:	
Telephone Number:	
Mobile Number:	
Postal Address:	Address: Code:
Physical Address:	Address: Code:

Stadium/Venue Owner	
Contact Details	
Full Names of Contact Person:	
Official Position Held:	
E-mail:	
Telephone Number:	
Mobile Number:	
Postal Address:	Address: Code:
Physical Address:	Address: Code:

SECTION 3 - CONFIRMATIONS

I/We confirm that:

I/We have/have not previously submitted an annual schedule of events as contemplated in Section 6 (1) of the Act.

(Delete where not applicable);

I/We have/have not previously received a risk categorization in respect of our submitted annual schedule of events from the National Commissioner of the South African Police Service as contemplated in Section 6 (5) of the Act.

(Delete where not applicable);

There is/is not a valid and current existing stadium or venue safety and grading certificate in place for the stadium/venue, as contemplated in Section 8 of the Act, which will still be valid on the day of the event.

(Delete where not applicable);

IF NO CERTIFICATES REFERRED TO IN PARAGRAPH.ARE IN PLACE; WRITTEN REASONS MUST BE SET OUT BELOW AS TO WHY SUCH CERTIFICATES ARE NOT IN PLACE:

.....

.....

.....

.....

.....

.....

.....

.....

.....

I/We have just initiated plans for the event;

This application satisfies the short notice requirements of Section 6 (3) of the Act:

Furnish written reasons here as to why requirements i.t.o. Section 6(1) of the Act i.e. submission of an annual schedule of events could not be complied with in respect of this event:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**SECTION 4 –
ADDITIONAL FACTORS FOR CONSIDERATION BY THE
NATIONAL COMMISSIONER TO DETERMINE THE
RISK CATEGORIZATION OF THE EVENT**

We respectfully submit that the following factors should also be considered by the National Commissioner in determining the risk categorization in respect of this event:

I/We have/do not have historical experience in the holding of similar events of a similar size
(Delete where not applicable);

I/We have appointed/ensured the appointment of an Event Safety Officer to oversee the safety & security planning requirements of Section 4 (9) & 23 of the Act are in place:

**Name of Event Safety
Officer.....**

Contact Details :

- E-mail address
- Contact No.....

There will/will not be controlled liquor sales to the general public at the venue/ stadium i.t.o. existing protocols with the local SAPS; (Delete where not applicable)

SIRA registered and Private Security Industry Regulation Act compliant security providers who have worked at the stadium/ venue previously will provide access control & general in-stadium/ venue security and safety stewarding services on the day;

Both provincial & private sector medical emergency services will be deployed at the event for the safety of event participants and the general public;

There are no material historical medical incident trends at similar events hosted previously at the venue which could have an impact on the safety of spectators at the event;

We have notified, in writing, the nearest police station -
.....

(name of nearest SAPS Station)

of the details of the event.

**SECTION 5 -
EVENT RISK CATEGORIZATION RECOMMENDATION**

We respectfully submit, with reference to all of the information set-out above, that the event should be categorized as :

I/We await your event risk categorization of this event.

High		Medium		Low	
(Mark with X where applicable)					

An event briefing meeting has been scheduled at the event venue at on
.....(date and time)

.....

(Full legal name of Event Organizer)

Station Commander													
Station Commander	Making a risk categorization the following factors must be taken into consideration: Popularity / reputation of any team or person Sec 6(7)(a) Expected attendance and history of teams Sec 6(7)(b) Location where the event will be held Sec 6(7)(c) Suitability of a stadium / venue / route Sec 6(7)(d) Level of physical, human resources and electronic safety and security Sec 6(7)(e) Historic and record of safety at previous events Sec 6(7)(f) Relevant crime statistics and trends Sec 6(7)(g) Threat analysis Sec 6(7)(h) Certified safe capacity of stadium/venue and route Sec 6(7)(i) Age profile of attendees Sec 6(7)(j) Consumption and Selling of liquor Sec 6(7)(k) Day of the week the event is scheduled to take place Sec 6(7)(l) Commencement time and duration Sec 6(7)(m) Relevance of outcome of competitive event Sec 6(7)(n) Level of intensity and rivalry between competing teams Sec 6(7)(o) Position of teams on the league / ranking of person Sec 6(7)(p) International/national/local/social/economic/political or security related factors Sec 6(7)(q) Availability of police officials, emergency & essential services Sec 6(7)(r) Weather/other natural conditions Sec 6(7)(s) Nature of pre-event spectator entertainment Sec 6(7)(t) Any other factor that the national commissioner considers appropriate Sec 6(7)(u)												
Station Commander Recommendation	<table border="1"> <thead> <tr> <th>High</th> <th></th> <th>Medium</th> <th></th> <th>Low</th> <th></th> </tr> </thead> <tbody> <tr> <td colspan="6" style="text-align: center;">(Mark with X where applicable)</td> </tr> </tbody> </table>	High		Medium		Low		(Mark with X where applicable)					
High		Medium		Low									
(Mark with X where applicable)													
Authorized member (If medium or high risk event, appoint an authorized member officer, Capt or Higher)	Rank..... Surname..... Cell no.....												
Station Commander Signature Date	 Signature Date												