# Key Contact Information

**Event Overview**

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| --- | --- | --- | --- |
| Name of Event: |  | Approx Attendees |  |
| Organising group: |  |
| Start Date & Time: |  | Finish Date & Time: |  |
| Location: |  | Related groups: |  |

**Local Incident Response Team Leaders:**

| **Name** | **Role** | **Attending the Event** | **Mobile Phone** |
| --- | --- | --- | --- |
| VU Security-24 hours | Incident Response  | no | 9919 6666 |
| Emergency Services | Incident Response  | no | 000 (Triple Zero) |

**Key Group Contacts at the Event/Activity: (ie Camp Leaders, Club Committee, VU Staff etc)**

| **Name** | **Role** | **Mobile Phone** |
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**Location/venue information:**

| **Name of Location** | **Address of location** | **Phone**  |
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**Key External Contacts:**

| **Name** | **Role** | **Phone** |
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| Sexual Assault Crisis Line | 24hr Sexual Assault Hotline | 1800 806 292 |
| Life Line | 24hr Crisis Support & Suicide Prevention  | 13 11 14 |
| Nurse On Call | 24hr Health Advice | 1300 606 024 |
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**CMR-Ops:**

| **Name** | **Role** | **Work Phone** | **Mobile Phone** |
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