

**HIGHCROSS EXPRESSION OF INTEREST FORM**

Please complete the following form making sure your contact details are clear. Once we receive your completed expression of interest, we will notify you via email and aim to have a decision made within 30 days.

Before completing this form please ensure that you are able to provide the correct level of Public Liability Insurance and additional documentation needed to enable your activity to take place.

If your activity is successful we will require the following documents:

**Risk Assessment** - A detailed account of the risks associated with your activity along with the methods in place to reduce / prevent them

**Method Statement** - A step by step account of what's taking place including details of any equipment being brought to site and the disposal of items / equipment at the end of the activity

**Public Liability Insurance** – Evidence of cover to the value of £10,000,000

**DETAILS ABOUT YOUR GROUP / CHARITY/ Activity**

Name of group / charity: \_\_\_\_\_

If charity, please provide Charity registration number: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Area in which group /charity is based: \_\_\_\_\_

Number of people involved in your group / charity: \_\_\_\_\_

Does your charity / group have public liability insurance cover of 10,000,000?

Public Liability Insurance                      yes / no    (Please note this is the minimum cover we would accept)

Does your group / charity have a child protection policy?

Child Protection policy                              yes / no

**DETAILS ABOUT YOUR ACTIVITY / EVENT**

Name of lead contact for your activity / event: \_\_\_\_\_

Lead contact's telephone number for the event: \_\_\_\_\_

Number of people involved in activity / event: \_\_\_\_\_

Dates required for activity / event: \_\_\_\_\_

Please provide a proposed plan of activity / event;

[Empty box for proposed plan of activity / event]

Please tell us who your activity / event is aimed at: (age groups, community sector etc.)

[Empty box for target audience]

How will your activity / event benefit both Highcross and the community?

[Empty box for benefits]

How will your activity / event be staffed? (number of staff & volunteers who will be involved)

[Empty box for staffing details]

Do staff members hold current Disclosure and Barring Service (previously called CRB) checks?

Current DBS (CRB)                                      yes / no

Where would you like your activity / event to take place?

An empty shop    yes / no

On the Mall    yes / no

Outside    yes / no

**What do you require in the space? (e.g. power)**

**Does your event include any special elements?** (e.g. music, enterprise, workshops, performers, characters, photography - provide us with as much information as possible including any links to films / platforms).

**Have you been part of an activity with any shopping centres in the past?**

Yes / no

**If yes, please provide brief details and images of where, when and what the activity or event was.**

**Please provide details of websites, social media, blogs and/or films that you are associated with.**

**Thank you for taking the time to complete Highcross expression of interest form. Please return completed to: [community@highcrossleicester.com](mailto:community@highcrossleicester.com)**

FOR OFFICE USE ONLY

Date received	
Date CM approved	
Date EC approved	
Date passed / declined	