

NZICC Permission Form

MEDICAL ACTIVITIES



Please download and complete and return **no later than 14 days prior** to the hiring period of the event. Email complete form to your Event Planner.

Medical activities include tattooing, body piercing cosmetic procedures and demonstration using human cadavers, animals or specimens.

For assistance please contact: support@nzicc.co.nz

CONTACT DETAILS

Contact Name:

Phone Number:

Company Name:

Email Address:

Name of Event:

Event Date:

**Company
Address:**

Stand Name:

Stand Number:

PURPOSE

**What is the medical activity and
what items will be brought on site?**

**When are the items being used?
Include dates and times of
operation as well as the location.**

**How will the items be stored while
on site?**

**Will there be any potential danger
or health issues as the result of the
exposure to any persons?**

**What cleaning measures will you
have in place? Please note a
Hazardous Substance permit will
be required if any hazardous
substances are used.**

MANDATORY SAFETY REQUIREMENTS

All persons conducting a business or undertaking (PCBUs), along with their staff, are responsible for ensuring that the Health and Safety at Work Act 2015, relevant legislation, procedures, and safe work practices are followed, so far as is reasonably practicable, to safeguard the health and safety of all people.

Please tick the relevant boxes to confirm these requirements will be met:

- | | |
|--|---|
| ☐ All items must be taken off site for appropriate disposal at the end of the event. | ☐ The person performing the activity must seek all government permits required |
| ☐ Activity must comply with all applicable laws and regulations including and not limited to public health regulations. | ☐ If any medical lasers are being used, a Laser application form will also be submitted |
| ☐ Hold public liability insurance for the activities proposed in this form for a value no less than NZD\$10 million | ☐ If there are sharps on site, ensure that there is a sharps bin for use during the event and for transporting off site at the end of the event. Sourcing and disposal of sharps bins are the responsibility of the exhibitor/organizer. |

REQUIRED DOCUMENTATION

These documents, and any other documents as requested, must be provided to NZICC with this completed application form.

Please tick the boxes to indicate you have provided the following information:

- ☐ Lasers application form (if applicable)
- ☐ Copy of government permits (if applicable)
- ☐ Copy of operator's medical licences and certifications (if applicable)
- ☐ A Risk Assessment to be completed by the person/s involved or performing the activity.
- ☐ Cooking application form completed (if applicable).
- ☐ Copy of certificate for public liability insurance not less than NZD\$10 million

TERMS AND CONDITIONS (To be completed by the person responsible for the work to be performed)

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Activities at the New Zealand International Convention Centre (NZICC) will only be permitted once formal written approval has been provided by NZICC. Until approval is confirmed in writing, NZICC accepts no responsibility for the accuracy of the information supplied in this form and makes no assurances as to the safety or legality of the proposed activity. Responsibility for both the activity and the information provided rests entirely with the contact person named on this form.

As part of its duty of care, NZICC carries out regular compliance checks and may request supporting evidence at any time. If the activity is found to breach legal or regulatory obligations, differ from the details provided, create safety concerns, or pose a risk to people, the venue, or the environment, NZICC reserves the right to delay or cancel the activity at its discretion until any concerns have been fully addressed.

Approval granted by NZICC does not imply acceptance of liability for any injury, damage, or loss that may result from the activity.

DECLARATION

- ☐ I declare that I have read and understood this application and have completed this form to the best of my knowledge.

Name:

Date:

Signed:

AUTHORISATION (NZICC use only)

Authorised by:

Signed:

Comments:

Date: