



# SPECIAL Busking Permit Safety Review Form

To be completed by each SBC Assessor

<b>Group / Performer Names:</b> (if applicable)	
<b>Contact Name:</b>	<b>Number in Group:</b>
<b>Assessment of Performance:</b>	
<b>Date Assessed:</b>	<b>Location:</b>
<b>SBC Assessor:</b>	
<b>Description of Act:</b>	
<b>Implements/Materials Used:</b>	<b>Competence Rating:</b>
1. _____	Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
2. _____	Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
3. _____	Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
4. _____	Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
5. _____	Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
6. _____	Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
7. _____	Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
<b>Comments/Notes:</b>	
<b>Act seen to comply with the safety requirements outlined in the busking guidelines:</b>	
Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>	
<b>Comments:</b>	
<b>Equipment Check:</b>	
Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>	
<b>Comments:</b>	

I hereby agree that from the performance displayed by *busker's name* on *date*,  
meets the requirements of the special busking policy.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Application Refused:**

**Reason:**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_