

50th ANNIVERSARY EVENT PROPOSAL

When completing this proposal, please refer to the attached guidelines

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| <p>1. Type of Event: <i>Please tick all relevant boxes</i></p> | <p>Dinner or Drinks Reception <input type="checkbox"/> Academic (lecture, etc.) <input type="checkbox"/> Sports/Campus <input type="checkbox"/> Cultural (Concert, etc.) <input type="checkbox"/> Press/PR opportunity <input type="checkbox"/> Other <input type="checkbox"/></p> |
| <p>2. Outline of Activity: <i>Provide a brief outline of the activity you are proposing and tick the appropriate box</i></p> | <p>Departmental <input type="checkbox"/> College <input type="checkbox"/> LUSU <input type="checkbox"/></p> |
| <p>3. Event Objectives: <i>Referring to the attached list of Anniversary aims, please indicate which ones this event will help to fulfil, including measures of success</i></p> | <p>a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> Measures of success:</p> |
| <p>4. Target Audience(s), <i>Please tick all relevant boxes</i></p> | <p><input type="checkbox"/> Alumni <input type="checkbox"/> Local or Regional Community <input type="checkbox"/> Corporate <input type="checkbox"/> Students (current and prospective) <input type="checkbox"/> Staff (past & present) <input type="checkbox"/> International Teaching Partners or Academic Collaborators <input type="checkbox"/> Charitable Trusts & Foundations <input type="checkbox"/> Press <input type="checkbox"/> Local or National Government <input type="checkbox"/> Other</p> |
| <p>4. Proposed Date:</p> | |
| <p>5. Proposed Venue:</p> | <p>Campus <input type="checkbox"/> Location _____ Off Campus <input type="checkbox"/> Location _____</p> |
| <p>6. Coordinating Department/College:</p> | |
| <p>7. Anticipated Budget: <i>Please provide:</i> i. Breakdown of how budget will be spent ii. Budget sources iii. Central funding required? (NOTE: central funding for additional events is limited)</p> | <p>i. ii. <input type="checkbox"/> Department/College/LUSU <input type="checkbox"/> Ticket Sales <input type="checkbox"/> Sponsorship/Donation iii. <input type="checkbox"/> YES Amount requested £ _____ <input type="checkbox"/> NO</p> |
| <p>8. Support Required: <i>Details of any support required. NOTE that self-supported events are more likely to be accepted into the Anniversary schedule</i></p> | |
| <p>10. Summary: <i>Please tell us why you think this event will contribute positively to the 50th Anniversary programme</i></p> | |
| <p>11. Risk Mitigation: <i>How will risks be mitigated (e.g. if applicable, insufficient ticket sales)? What contingency plans are required?</i></p> | |

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|---|--------------------|-------------|---------------|--|
| Organiser's Name | | | Dept | |
| Contact Details | Tel: | | Email: | |
| Date | | | | |
| HoD's Approval <i>(NOTE: College Principal for proposals relating to college-based activities, or LUSU President for LUSU-sponsored activities)</i> | Name | | | |
| | Signature: | | | |
| | Department: | | | |
| | Contact: | Tel: | Email: | |
| Date | | | | |

Please note: for proposals from academic departments, a copy of this submission should be forwarded to the relevant faculty Dean.

A copy of this completed pro forma has been forwarded to the Dean of _____

| Steering Group Recommendations | | | |
|---------------------------------------|-------------------------------------|------------------------------------|---|
| Proposal Approved? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | MORE INFORMATION REQUIRED <input type="checkbox"/> |
| Comments: | | | |
| F/U Action required: | | | |
| Budget and Support | | | |