

50th ANNIVERSARY EVENT PROPOSAL

When completing this proposal, please refer to the attached guidelines

1. Type of Event: <i>Please tick all relevant boxes</i>	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"/>
2. Outline of Activity: <i>Provide a brief outline of the activity you are proposing and tick the appropriate box</i>	Departmental <input type="checkbox"/> College <input type="checkbox"/> LUSU <input type="checkbox"/>
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>	a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> Measures of success:
4. Target Audience(s), <i>Please tick all relevant boxes</i>	<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
4. Proposed Date:	
5. Proposed Venue:	Campus <input type="checkbox"/> Location _____ Off Campus <input type="checkbox"/> Location _____
6. Coordinating Department/College:	
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)	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
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>	
10. Summary: <i>Please tell us why you think this event will contribute positively to the 50th Anniversary programme</i>	
11. Risk Mitigation: <i>How will risks be mitigated (e.g. if applicable, insufficient ticket sales)? What contingency plans are required?</i>	

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:				

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		