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| **Request for consideration of an activity under the University of Southampton’s**  ***Code of Practice to Secure Freedom of Speech within the Law*** | |
| The University of Southampton and its members are expected by law to ensure Freedom of Speech is secured for anyone who works on or visits our campuses. To support this requirement, the University has an established [**Code of Practice**](http://www.calendar.soton.ac.uk/sectionIV/freedom-speech.html)with which all members, students and employees of the University, visiting speakers, hirers of University premises and organisers of meetings held on University premises must comply. The [**Code of Practice**](http://www.calendar.soton.ac.uk/sectionIV/freedom-speech.html) seeks to secure Freedom of Speech for all while also respecting individuals’ rights within equality and human rights.  **If in your view as the event’s Principal Organiser, this event is a designated activity\*** as defined in the University of Southampton’s [**Code of Practice**](http://www.calendar.soton.ac.uk/sectionIV/freedom-speech.html) to secure Freedom of Speech within the Law, **please complete all sections** of this form with as much detail as possible and return to [speakers@soton.ac.uk](mailto:speakers@soton.ac.uk) as soon as possible but by no later than 15 working days prior to your event. We reserve the right to reject your request if it is received 10 or less working days prior to the event due to there being insufficient time available to assess it.  Please note that the event may not be advertised without prior approval. You will be advised of the decision as soon as reasonably possible. | |
| **Name of group organising the event:** (E.g. Student Society/Faculty Group/Organisation) | Group: |
| **Principal Organiser for the event:** | Name:  Contact phone number:  Contact email address:  Position in group: |
| **Nature of the event:** (E.g. Debate, Lecture, Seminar, Workshop, Social etc.) | Nature: |
| **Proposed Time and Venue of event:** | Date & Time:  Venue:  External speaker/organisation scheduled time: |
| **External Speaker’s name and the organisation they represent in this context:** | Name:  Organisation: |
| **Please provide relevant information:**  (E.g. Previous security required at other locations, previous press interest, any ticketing requirements for the event, sensitive nature of subject e.g. animal rights, faith and/or segregation, politics etc.) |  |

The Principal Organiser hereby confirms that he/she will ensure observance of the University’s Fire, Health and Safety and any other relevant rules and regulations in relation to the conduct of the event.

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

*\*A designated activity is an activity where Freedom of Speech within the law may be compromised unless remedial action is taken and may include but is not limited to visits by public figures especially where their views have aroused controversy in the past or where the subject matter of the activity is likely to be regarded as controversial or objectionable by at least some of the participants and/or University community. In cases of doubt you should complete this form.*

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| For Responsible Officers use only: | |
| **Request Approved** | Yes – Not Designated Activity, no further requirements  Yes – Designated Activity, no further requirements  Yes – Designated Activity, actions required below  No – Designated Activity, reasons given below |
| **Approved Activity - Action required:** | Method of Access/Egress of participants and visiting speakers:  Stewarding arrangements:  Admission arrangements:  Security and Policing staff in attendance & informed:  Comms informed and briefed:  Additional Costs identified and approved:  Communicated to Principal Organiser & room bookings/conferencing/SUSU:  Any other agreed measures to be implemented?  Date: |
| **Activity not approved:** | Reason for rejection:  Communicated to Principal Organiser/Comms & Security  Date: |

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| **Responsible person signature:** | Signature:  Name:  Position: |
| **Date request closed and passed to Legal for recording purposes:** | Date: |