

Event Booking Request Form

Thank you for your interest in hosting a GEMS event. Please complete all the required fields on this form to help us ensure that your event is a success.

Event request type

Please note: These services are available to public service employees and employees of GEMS participating employers only.

Please indicate the type of GEMS event requested and mark selection with an X.

Type of event	Description of event	X
Member Servicing Only	A face-to-face consulting session where your employees who are GEMS members will be able to have customer care consultants provide information, address any member queries and complaints; and empower members to understand their medical benefits and GEMS rules.	
Marketing Presentation Only	A high-impact marketing presentation on the GEMS product-offering aimed at employees who are not yet GEMS members. This group consultation is held at the workplace by an experienced marketing consultant to educate your workforce on GEMS benefits and enrol new members.	
Wellness Day Only	An onsite wellness day screening event, providing professionally managed and staffed stations offering screening services for cholesterol, body mass index, high blood pressure, glucose and HIV counselling and testing. Complementary neck and shoulder massages are also offered.	
Combined Event	A comprehensive package that offers your employees access to all the services offered at member servicing, marketing and wellness events.	

Event details

Contact persons		
	Event requestor	Contact person on site
Name & surname		
Department		
Designation		
Work telephone		
Cellphone number		
Email address		

Date and time of event	
Date/s of event/s	
Event start & finish times	

Venue (please ensure that the venue is central and accessible to employees)

Institution					
Type of department <i>(Please indicate with an X)</i>	National Department		Provincial Department		
Province					
Physical address, town					
Building / site					
Estimate of area / space allocated					
Venue environment <i>(Please indicate with an X)</i>	Indoor		Outdoor		
Facilities & resources available <i>(Please indicate with an X)</i>	Power supply		Parking		Chairs & tables
Blood tests HCT, Cholesterol & Glucose <i>Please indicate Y (yes) or N (no)</i>	Have private rooms		Total number		Require gazebos

Participants

Total number of employees on site					
Medical scheme option (number)	GEMS members		Non-GEMS members		
Language preferences					

Reporting information

Is this event taking place over multiple days?			Yes		No	
If you ticked YES, please complete further detail						
	Event 1	Event 2	Event 3	Event 4	Event 5	Event 6
Event dates						
Institution						

Details of person who should receive the wellness report.

**Please note: by submitting this form you agree to a post event quality assessment. The wellness report will be submitted 48-hours after the event.*

Name & surname		Cellphone number	
Email address		Work telephone	

Signature		Date signed	
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