## Regular Hire Application – Community Centres

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| Booking Name: |       |
| Hirer Type | [ ]  Private [ ]  Community group [ ]  Semi-Commercial |
| Name of Facility you would like to Hire:(one booking application per Community Facility) |       |
| Booking Schedule: | [ ]  Recurring [ ]  Booking By DatesBooking times must including set-up, pack down and cleaning time. Hirers cannot access the venue to do this outside the selected booking times |

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| Time From: | Time To: | Room/Space Required: | Month | Week: | Day: |
|       |       |       | [ ]  July[ ]  Aug[ ]  Sept[ ]  Oct[ ]  Nov[ ]  Dec[ ]  Jan[ ]  Feb[ ]  Mar[ ]  Apr[ ]  May[ ]  June | [ ]  Weekly[ ]  Week 1[ ]  Week 2[ ]  Week 3[ ]  Week 4[ ]  Week 5 | [ ]  Monday[ ]  Tuesday[ ]  Wednesday[ ]  Thursday[ ]  Friday[ ]  Saturday[ ]  Sunday |

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| What date would you like to start from? (From 1 July) |       |
| Will the venue be required on Public Holidays: | [ ]  Yes [ ]  No |
| Will the venue be required during Victoria school term breaks: | [ ]  Yes [ ]  No  |
| Will you require breaks at other times: | [ ]  Yes [ ]  No  |
| Additional information: |      Are there any other details you would like to provide or share a story from your group/program. |

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| ACTIVITY DETAILS |
| Group/Club Name: |       |
| Incorporated Association: | [ ]  Yes [ ]  No [ ]  N/A |
| Type of Activities your club/program provide: |       |
| Number of Attendees: |       |
| Is the activity/club funded by any Council Grants? | [ ]  Yes [ ]  No **If Yes, please provide the name of the grant:** |
| How does your program benefit the Port Phillip Community and local residents? |       |
| Is your club flexible with venue and/or dates & times? | [ ]  Yes [ ]  No  |
| Is your group underrepresented in the community? | [ ]  Yes [ ]  No  |
| Has your program run in a City of Port Phillip venue previously? | [ ]  Yes [ ]  No  |
| Is your not-for-profit group run by it's own committee? | [ ]  Yes [ ]  No [ ]  N/A |
| Can you demonstrate that over 65% of members are aged over 60 and reside within the City of Port Phillip? | [ ]  Yes [ ]  No  |
| Is a fee charged to participants? | [ ]  Yes [ ]  No If yes, Fee Charged: $      |

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| --- | --- | --- | --- | --- | --- |
|  |  | 25% | 50% | 75% | 100% |
| Where do most of your group participants live?  | Within City of Port Phillip | [ ]  | [ ]  | [ ]  | [ ]  |
| Outside City of Port Phillip: | [ ]  | [ ]  | [ ]  | [ ]  |

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| Booking Contact Details: |
| Contact Name: |      This person is responsible for updating the Venue Management with booking and contact changes  |
| Position held in the Group/Club: | [ ]  Yes [ ]  No [ ]  N/A |
| Address: |       |
| Phone: |       |
| Email: |       |
| Compliance |
| Do you have Public Liability Insurance: | [ ]  **Yes** [ ]  **No**, **Purchase into Council’s one off public liability**If purchasing into Councils one off Public Liability, please complete the form attached. |
| Have you undertaken a risk assessment of your event, clearly identifying potential risks and possible mitigations? | [ ]  Yes [ ]  No  |
| Can all the information on this form be used? | [ ]  **Yes** [ ]  **No** This information can be used in the centre/activity promotion or in information provided to potential members, or published in information booklets, etc. |
| Mandatory Document Attachments: |
| Public Liability Attached: | [ ]  **Yes** [ ]  **No , provide reasoning:**       |

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| I have read and agreed to the Community Facilities Hire Terms and Conditions. | [ ]  **Yes**  |
| Name: |       |
| Signed: |       |
| Date: |       |

**COMMUNITY LIABILITY INSURANCE**

(Please refer to Community Liability Pack for further explanation)

**Insurers:** One Underwriting Pty Ltd (as Agent for Lloyds of London)

**Council:** CITY OF PORT PHILLIP

**HIRER:**

**NAME:**­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**CONTACT PHONE # :**­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:**­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FACILITIES**

**DATE OF HIRE:** ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **OR IF MORE THAN ONE DAY FROM** \_\_\_\_\_\_\_\_\_\_\_\_**TO** \_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF FACILITY**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LOCATION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FUNCTION OR PURPOSE OF HIRE:**

* Public Liability Insurance required
* Public Liability Insurance not required (hirer to provide copy of own insurance) PREMIUM INCLUDING

 GST & STAMP DUTY

PLEASE PROVIDE EVENT BOOKING NUMBER HERE: # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **$31.00**

 **PAYMENT TO BE DEPOSITED TO JOB NUMBER: 01 01410 9230**

**NOTE: COVER IS SUBJECT TO THE FOLLOWING POLICY EXCESS ON CLAIMS:**

**$250 Each and Every claim**

**$2,500 Each and Every claim relating to halls with capacity of 150+**

**NOTE**

Upon the payment of the prescribed premium and completion of this form your liability as hirer is indemnified, subject to the terms of a master policy issued by One Underwriting Pty Ltd.

In the event of any claim, or the happening of any circumstances which may give rise to a claim, you must advise the Council’s Risk & Assurance Unit on (03) 9209 6588 asap.

**SIGNED**: *ON BEHALF OF HIRER/ HIRING GROUP:*

**DATE: / /**