



## Regular Hire Application – Community Centres

Booking Name:	
Hirer Type	<input type="checkbox"/> Private <input type="checkbox"/> Community group <input type="checkbox"/> Semi-Commercial
Name of Facility you would like to Hire: (one booking application per Community Facility)	
Booking Schedule:	<input type="checkbox"/> Recurring <input type="checkbox"/> Booking By Dates <small>Booking times must including set-up, pack down and cleaning time. Hirers cannot access the venue to do this outside the selected booking times</small>

Time From:	Time To:	Room/Space Required:	Month	Week:	Day:
			<input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June	<input type="checkbox"/> Weekly <input type="checkbox"/> Week 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Week 5	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday

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

## ACTIVITY DETAILS

Group/Club Name:	
Incorporated Association:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Type of Activities your club/program provide:	
Number of Attendees:	
Is the activity/club funded by any Council Grants?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your group underrepresented in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your program run in a City of Port Phillip venue previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your not-for-profit group run by it's own committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Can you demonstrate that over 65% of members are aged over 60 and reside within the City of Port Phillip?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a fee charged to participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Fee Charged: \$

		25%	50%	75%	100%
Where do most of your group participants live?	Within City of Port Phillip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Outside City of Port Phillip:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Address:	
Phone:	
Email:	

### Compliance

Do you have Public Liability Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can all the information on this form be used?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No , provide reasoning:
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I have read and agreed to the Community Facilities Hire Terms and Conditions.	<input type="checkbox"/> 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

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### **HIRER:**

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

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

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### **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: # \_\_\_\_\_

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**\$33.00**

**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+**

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### **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:**        /        /