## Casual 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) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Day: | Date: | Time From: | Time To: | Room/Space Required: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| \*Booking times must including set-up, pack down and cleaning time. Hirers cannot access the venue to do this outside the selected booking times | | | | |

|  |  |
| --- | --- |
| ACTIVITY DETAILS | |
| Hirer Name: | Name of the group/club/organisation or private hire. |
| Contact Person: | Name of person responsible for hire. |
| Address: |  |
| Phone: |  |
| Email: |  |
| Number of Attendees: |  |
| Is a fee charged to participants? | Yes  No If yes, Fee Charged: $ |
| Will liquor be consumed? | Yes  No A temporary liquor licence is required if Liquor is sold or provided under an all-inclusive charge. |
| 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 |

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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: |  |  |  |  |

|  |  |
| --- | --- |
| 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 |
| Public Liability Attached: | **Yes**  **No , provide reasoning:** |

The Conditions of Hire are to be read with this APPLICATION and form part of any AGREEMENT to HIRE the facilities mentioned in this APPLICATION.

A refundable security deposit hire & public liability insurance fees must be lodged at least seven working days prior to hire venue.

In making this application, it is acknowledged that the document, Application of hire has been received & examined by Venue Management team member & I am/we are fully aware of & accept that, should this application be approved, the conditions, indemnities & other requirements set out in that document become part of the AGREEMENT TO HIRE the facilities mentioned in the application. I also understand a breach of these conditions could lead to cancellation of future booking or loss of security deposit where applicable.

|  |  |  |
| --- | --- | --- |
| 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: / /**