## 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 Dates Booking 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 |

|  |  |
| --- | --- |
| 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: |  |
| Will your booking have children under 10 years old in attendance? | **Yes  No** |
| If yes, will there be a minimum of 2 adults supervising the children throughout the duration of the booking? | **Yes  No** |
| 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: / /**