



**ROSTRATA FAMILY & NEIGHBOURHOOD CENTRE Inc.**

Prendwick Reserve, Prendwick Way, Willetton

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## APPLICATION TO HIRE CENTRE FACILITIES - HIRE AGREEMENT

### Appendix 1

APPLICANT CONTACT DETAILS					
NAME OF HIRER / ORGANISATION	CONTACT NAME	ADDRESS AND TELEPHONE/MOBILE	EMAIL ADDRESS		
	1.				
	2.				
Business/Group Name and Type:		Business ABN Number:			
Purpose of Hire					
Please provide a brief description of the proposed booking: If a group/organisation or business please provide an outline of your group's proposed activities ie: purpose, mission, values etc – If you need more space please attach separate sheet. Brochures and flyers, webpage link etc are also helpful and welcome.					
Please tick the space required against your type of organisation					
	Community Group	NFP Organisation	Commercial	Government Department	Other
Activity Room 1					
Activity Room 2					
Meeting Room 1 (small)					
Learning Area					
Meeting Room 2 (large)					
Activity Room 3					

**Regular Bookings Only – (ie: more than six sessions)**

Please circle frequency required:    Daily    Weekly    Fortnightly    Monthly

**Start Date:**

**End Date:**

Please list all days and times required	Day of the week	Begin set up	Event start time	Event finish time	End pack up
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				

Please list dates **NOT** required throughout the year which would normally fall on your booking dates:

Public Holidays required? **Yes/No**

School holidays? **Yes/No**

Other? Please list:

Will you require additional hire days throughout the year for any particular purpose? Please advise:

Yes

No

Don't Know

*Requests for additional hire must be received early via email and approved by Management.*

*Fees will be charged accordingly.*

**Additional information – please answer all questions**

Does your group have a current Public Liability Insurance Policy ? Please provide a copy to Centre Manager	Yes	No
Will your activity involve any interactions with minors? (Not applicable for private social functions) It is your group's responsibility to ensure that persons working with children comply with the Working with Children (Criminal Record Checking) Act 2004. Please provide a copy to Centre Manager	Yes	No
Will you have/use any form of amplified music/sound at your event/s ? All applicants must ensure all noise/music levels do not exceed the assigned levels in the Environment Protection (Noise) regulations 1997 at any time. All music must be significantly reduced at 10pm and turned off by 12 midnight.	Yes	No

The following information is required by the Department of Local Government and Communities as per requirements of the Rostrata Family & Neighbourhood Centre’s Service & Funding Agreement. The data will be incorporated into the periodic progress report. Your co-operation in providing this information is greatly appreciated and will help us with our future planning.

<b>Ethnicity of Individuals (Adults over 18 only)</b>	<b>Please indicate number (if known) – or estimate</b>			
Aboriginal/Torres Strait Islander				
CALD (Culturally and Linguistically Diverse) (people who were born elsewhere other than Australia and/or speak another language at home)				
Other (including Australian Born)				
Unknown				
<b>Disability (adults 18 and over)</b>				
Disability Identified				
No Disability Identified				
Unknown				
<b>GENDER (adults 18 and over)</b>				
Male				
Female				
Gender Diverse				
Unknown				
<b>Age of adult participants (18 and over only)</b>	18-19 years	20-29 years	30-39 years	
Please indicate number of participants in each age group				
	40-49 years	50-59 years	60-69 years	
	70-79 years	80+	Unknown	
<b>Number of children attending (grouped in age ranges) under 18 only</b>	0-9 years	10-17 years		Unknown

### DECLARATION OF RESPONSIBILITY ACCEPTANCE

I hereby declare that I am authorised to make this booking. I further declare that I have read and fully understand the Rostrata Family & Neighbourhood Centre Inc Hire Policy - Conditions of Hire; and the Fee Schedule and that I agree to abide by these conditions and accept all associated requirements of these conditions.

I declare that I have disclosed all relevant information pertaining to this application and acknowledge any consequences of failing to do so including Loss of Deposits and potential prosecution.

I acknowledge that I have completed and returned all attached application forms and documentation relevant to my booking.

Full Name <i>please print</i>	Signature	Date
<b>Approved by Management Committee/Centre Manager</b>	<b>Signature of Chairperson/Centre Manager</b>	<b>Date</b>
<b>Any other agreement details or notes:</b>		

OFFICE USE ONLY					
Booking Request Confirmed	Y/N	Invoice sent for hire charges Date:	Y/N	Key Fund Deposit Received Date Paid:	Y/N
Security Code and instructions issued.	Y/N	Keys Issued List Keys:	Y/N	Keys Returned Date:	Y/N
Fire & Evacuation Guidelines issued	Y/N			Key Fund Deposit returned Date:	Y/N
Signature RFC	Print Name:			Date:	