**APPLICATION TO HIRE FACILITY FORM**

**Please Note:** this facility is for adult learning, forums or consultation usage. Any person under 16 years of age entering the facility during the hire period must be supervised by adults with a one to one ratio.

Complete & return by F: 9329 7446 Or E: [enquiries@nmll.org.au](mailto:enquiries@nmll.org.au)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ORGANISATION DETAILS** | | | | |
| Organisation name | | | | |
| Address | | | City | Post Code |
| Phone Number | | | Email | |
| **CONTACT PERSONS** | | | | |
| Primary Contact Person | | | Job Title | |
| Phone Number | Mobile | | Email | |
| Secondary Contact Person | | | Phone Number | |
| **BOOKING DETAILS** | | | | |
| ***NB:*** *NMLL may not be able to hire on certain days as identified by NMLL.*  *Two working days (48 hours) written notification is needed to cancel any of the booked dates otherwise the hire fee will be charged.*  *Ten working days notification in writing is needed to cancel a regular booking.* | | | | |
| Days and Dates Requested | | | | |
| Dates within this period when you will not require the facility | | | | |
| Please describe in detail what event/activity the facility is to be used for | | | | |
| How many people are expected to attend the activity | | | | |
| **PUBLIC LIABILITY INSURANCE** | | | | |
| This organisation has **Public Liability Insurance** Yes **□** No **□** | | | | |
| If **Yes**, please attach a copy of the Certificate of Currency to this form  If **No**, the organisation will need to discuss this with NMLL | | | | |
| **BOOKING REQUIREMENTS** | | | | |
| **Rooms requested** | | | **Times (e.g. 9am to 11am)** | |
| Room 1 (seating for max 25 people) | | | ­to | |
| Room 2 (seating for max 25 people) | | | to | |
| Both Rooms (max 70 people) | | | to | |
| **EQUIPMENT HIRE** | | | | |
| **Equipment required** | | | **Please tick or specify** | |
| CD Player | | |  | |
| Overhead Projector | | |  | |
| Data Projector | | |  | |
| Other (please specify) | | |  | |
| **NOMINATED RESPONSIBLE PERSONS** | | | | |
| *The following people only will accept responsibility for the safety, security and cleanliness of the centre for this booking. These people will sign for a key and alarm code and will be responsible for:*   * *opening and closing the building* * *turning the alarm off and putting it on* * *making sure the building is secure and only people connected to this organisations are allowed entry* * *ensuring that the building is vacated within the agreed time* * *responding to any emergency situation* | | | | |
| Person 1 | | | | |
| Person 2 | | | | |
| Person 3 | | | | |
| **APPLICANT AGREEMENT** | | | | |
| *I have read and understood the document ‘Policy Guidelines for Facility use and hire’ and agree to comply with all of the conditions outlined. I have been provided with a copy of the aforementioned.* | | | | |
| Name | | Signature | | Date |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OFFICE USE ONLY** | | | | | |
| Approved Yes **□** No **□** | | | | Date | |
| Centre Manager | | Signature | | Date | |
| **FEES** | | | | | |
| Facility Hire | Equipment Hire | | **Total Hire** | | **Bond** |
| Booking No | | | Invoice No | | |