

Casual Room Hire Application Form July 2018 – June 2019

SECTION A – BOOKING DETAILS		
Program Name:		
Organisation/Group Name:		
Contact Person Name:		
Mailing Address:		
Contact Phone Number:	Mobile Number:	
Email (please print):		
Statement of Purpose of Organisation/Group:		
<hr/> <hr/> <hr/>		
Brief Description of the Organisation/Group:		
<hr/> <hr/> <hr/>		
Is your Organisation Not-For-Profit? <input type="checkbox"/> NO <input type="checkbox"/> YES (Please tick the appropriate box) <input type="checkbox"/> Incorporated Association (Provide a Certificate of Incorporation) <input type="checkbox"/> Auspiced by another Organisation (Provide a letter from supporting organisation on letterhead) <input type="checkbox"/> Unincorporated Group <input type="checkbox"/> Public Liability Insurance (Provide a Certificate of Currency) <i>All incorporated groups should provide their own - minimum of \$20 million cover</i>		
Who is your organisation specifically for?		
Target Group (Please tick the appropriate box)		
<input type="checkbox"/> Preschool	<input type="checkbox"/> Primary School	<input type="checkbox"/> Youth
<input type="checkbox"/> Adults	<input type="checkbox"/> Seniors	<input type="checkbox"/> All
Is your group Culturally Specific? <input type="checkbox"/> NO <input type="checkbox"/> YES		If yes, which culture? _____
Does your Organisation receive any funding for this program? <input type="checkbox"/> NO <input type="checkbox"/> YES		
If yes, name of source _____		
Number of participants attending:		

Scheduled Booking Information

NB: Please ensure that you have included set up and pack up time in your booking.

Tick	Room	Holds	Day and Date	Time In	Time Out
<input type="checkbox"/>	Community Hall	80		____:____	____:____
<input type="checkbox"/>	Community Meeting Room 1	8		____:____	____:____
<input type="checkbox"/>	Community Meeting Room 2	12		____:____	____:____
<input type="checkbox"/>	Library Meeting Room 1	10		____:____	____:____
<input type="checkbox"/>	Library Meeting Room 2	4		____:____	____:____
<input type="checkbox"/>	Computer Training Room	10		____:____	____:____
<input type="checkbox"/>	Library Meeting Room 3 and 4	20		____:____	____:____
<input type="checkbox"/>	Sports Pavilion	60		____:____	____:____
<input type="checkbox"/>	Kitchen	10		____:____	____:____

SECTION B – SWIPE CARD SECURITY ARRANGEMENT (IF APPLICABLE)

To be completed by the nominated swipe card holder

Swipe card holder name:

Swipe card holder mobile:

Swipe card holder signature:

Date:

____ / ____ / 20____

Swipe card number/s:

SECTION C – TO BE COMPLETED BY THE EMERGENCY GROUP LEADER (if applicable)

Name:

After hours contact number:

Signature:

Date:

____ / ____ / 20____

SECTION D – OFFICE USE ONLY

Hire Charge (including GST) inclusive of setup /pack away time

Hourly rate \$ _____ x _____ Hours \$ _____ R/N: _____

Public Liability Insurance (if applicable) \$ _____ R/N: _____

Equipment Hire (if applicable) \$ _____ R/N: _____

Total Hire Charge including GST: \$ _____

Security Bond (if applicable) \$ _____ R/N: _____

Swipe Card/s Bond (if applicable) \$ _____ R/N: _____

TOTAL BONDS PAID: \$ _____ Date: ____ / ____ / ____

NAR:

Trust ID:

Trust cat:

SECTION E – HIRE AGREEMENT

The User/Hirer/Lessee shall indemnify and keep indemnified Maribyrnong City Council, its servants and agents and each of them from, and against, all actions, costs, claims, charges, expenses and damages whatsoever, which may be brought or made or claimed against it by any of them arising out of, or in any way related to, the granting of this agreement and/or the use of the premises. The Hirer's liability to indemnify Maribyrnong City Council will be reduced proportionally to the extent that any act or omission of Maribyrnong City Council, its servants or agents, contributed to the loss of liability.

In the event of a local or state emergency, the Braybrook Community Hub may be designated for use as an Emergency Relief Centre. In the event of such an emergency, Maribyrnong City Council may not be in a position to provide any prior notice that your booking is cancelled. The hiring fee and any bond will be refunded.

Privacy Statement: The personal information collected by Council is used for municipal purposes as specified in the Local Government Act 1989. The personal information requested on this form is being collected by Council for reference and identification, mailing purposes, or related purposes. Council may disclose this information to other organisation if required by legislation. The Hirer understands that the personal information provided is for the above purpose that he/she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Privacy Officer.

- The bond (if applicable) must be paid 10 business days prior to the date/s of hire. The bond is refundable after any additional expenses have been deducted and will be returned to the hirer within 2 – 4 weeks from Maribyrnong Council via direct bank transfer. The hirer shall provide in writing (email) their bank details for this refund to proceed.
- Full hire cost must be paid 10 business days prior to the date/s of hire.
- Room Hire bookings must be accompanied with a completed Application Form.
- Please read all sections of the Conditions of Hire booklet.
- Management reserves the right to have discretionary powers over access and to set any special conditions it sees appropriate provided they fit within the aims and objectives of Maribyrnong City Council Community Facilities.

I, _____ have received and read a copy of the Conditions of Use booklet, understand and agree to comply with all the requirements within the document and the above.

Applicant's Signature:	Name:
	Date: ____ / ____ / ____
Centre Facilitator Signature:	Date: ____ / ____ / ____

Contact Braybrook Community Hub

03 9188 5800

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facebook.com/braybrookcommunityhub

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