Maidstone Child and Family Centre
Room Hire Application Form

Room for hire (please tick): Community Room □ Community Kitchen □ Both □

Type of hire (please tick): Regular Hire □ Casual Hire (one off) □

<table>
<thead>
<tr>
<th>Hirer Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of hirer/group: ____________________________________________________________</td>
</tr>
<tr>
<td>Name of primary contact/hirer’s representative: ____________________________________</td>
</tr>
<tr>
<td>Address: ___________________________ Post Code: ________</td>
</tr>
<tr>
<td>Postal address (if applicable): ____________________________________________________</td>
</tr>
<tr>
<td>Phone number: (BH) ______________ (AH) ______________ Mobile: ______________________</td>
</tr>
<tr>
<td>Email: ___________________________</td>
</tr>
<tr>
<td>ABN or Incorporation Number (if applicable): _________________________________</td>
</tr>
<tr>
<td>Second contact name: ____________________________________________________________</td>
</tr>
<tr>
<td>Second contact phone number: (BH) ______________ (AH) ______________ Mobile: ______________</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Booking start date: __________________ Booking end date: __________________</td>
</tr>
<tr>
<td>Regular Hire (please tick): Weekly □ Fortnightly □ Monthly □ Bi-monthly □</td>
</tr>
<tr>
<td>Will the activity operate during school holidays? Yes □ No □</td>
</tr>
<tr>
<td>Will the activity operate during public holidays? Yes □ No □</td>
</tr>
</tbody>
</table>

Booking times (times will be scheduled to the nearest half hour):

<table>
<thead>
<tr>
<th>Day</th>
<th>Arrival/Set up time</th>
<th>Finish/Pack up and Cleaning time</th>
<th>Total hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
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<td>Wednesday</td>
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<td>Saturday</td>
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<tr>
<td>Sunday</td>
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</tr>
</tbody>
</table>

Please Note: Access to the venue is restricted to approved hours. Set up and pack up/cleaning time must be included in the booking times. If additional days and times are required please complete a Variation Form and submit for approval prior to the activity date.

Approximate number of people attending: ________________________________________________________________

Brief description of activity: ____________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
Details of Activity

Will food be sold to members or the general public provided?  
Yes ☐  No ☐

If yes, please contact Maribyrnong Council’s Environmental Health Services on 9688 0200 to confirm if a Food Permit is required. A copy of the permit, if required, must be presented to the Council Officer before the activity can commence.

Please note: Alcohol is not to be consumed or sold inside or outside the facility.

Additional Requests (e.g. number of tables and chairs, Audio Visual equipment, storage)

____________________________________________________

____________________________________________________

Additional items or equipment brought to the facility by hirer

____________________________________________________

____________________________________________________

Please complete an Application for Storage of Equipment for regular room hire once storage approval is confirmed.

Room and swipe card/key bond charges

Please refer to fee schedule.

Insurance and Proof of Incorporation

Current Public Liability Insurance is a mandatory condition of hire. The hirer must hold a Public Liability Policy for a minimum of $10million of any one single event.

Public Liability Insurance certificate of currency attached?  
Yes ☐  No ☐

Are you using Council’s Public Liability Insurance?  
Yes ☐  No ☐

Proof of incorporation attached?  
Yes ☐  No ☐

Release and Indemnity

The Hirer 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.

OFFICE USE ONLY

HIRE CHARGE:  
Hourly Rate  $ _________ x _______ Hours  $_________

Public Liability Insurance (where applicable)  $_________

Other charges  $_________

Upon acceptance of the application, an invoice will be issued for hire on the 15th of the month or as negotiated.

Bond Security (where applicable)  $_________

Bond swipe card/key (where applicable)  $_________

Receipt No:  ______________  Date Paid:  _____ / _____ / _____  TOTAL BONDS PAID $_________
Maidstone Child and Family Centre
Regular Room Hire Agreement

I/We have read and understood the Application Form and the Conditions of Use and agree to comply with all requirements and conditions described in the document.

Print Full Name: ____________________________________________________________

Name of Organisation or group: __________________________________________________

Position: __________________________________________________________________________

Signature of applicant: ___________________________________  Date: _____ / _____ / _____

Council Officer: ____________________________________________________________  Date: _____ / _____ / _____

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.

Swipe Card and Key Arrangement (where applicable)

The following section needs to be completed by the nominated swipe card/key holder.

Swipe Card/Key holder name:________________________________________________________

Address: ___________________________________________________________  Post Code: ______

Phone number: (BH) ________________  (AH) ________________  Mobile: _________________

Email: _________________________________________________________________________

Swipe Card Number/s: __________________________________________________________

Key Number’s: __________________________________________________________________

Key Holder Signature: ___________________________________________  Date: _____ / _____ / _____

Emergency Group Leader (Complete the following where applicable)

The following section needs to be completed by the nominated Emergency Group Leader (EGL):

EGL Name: _________________________________________________________________

Phone number: (BH) ________________  (AH) ________________  Mobile: _________________

Email: _________________________________________________________________________

Date of induction completed: _____ / _____ / ______

EGL Signature: ___________________________________________________________________  Date: _____ / _____ / _____

Council Officer: ____________________________________________________________  Date: _____ / _____ / _____
Maidstone Child and Family Centre
Application for Storage of Equipment Form

Centre management is not liable for damage or loss of equipment or goods belonging to users whilst in storage at the centre.

Groups who have received storage approval from the Council Officer at the Maidstone Community Centre should only complete this form.

Name of Organisation: ____________________________________________________________

Room/s used: ________________________________________________________________

Location of storage cupboards: _________________________________________________

List of equipment stored at centre:

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________
5. _______________________________________________________________________
6. _______________________________________________________________________
7. _______________________________________________________________________

Storage location: _______________________________________________________________________

Copy of Hirer’s storage key provided to: __________________________________________ (MDCC staff member)

Special Comments:

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________

Signature of Applicant: ____________________________________________ Date: ______/_____/_____

OFFICE USE ONLY: Room Hire Receipt Type 186, General Fee Receipt Type 185, Bond Receipt Type 3

MCC Staff: ________________________________ Date: ______/_____/_____

Maidstone Child and Family Centre
Notice of Booking Cancellation / Variation

Name of Group/activity:___________________________________________________________

Room/s to be cancelled (Please tick)

Community Room □ Community Kitchen □ Both □

Date of Cancellation: ______/_____/_____

Time of Cancellation: _______ am / _______ pm

Reason for Cancellation: __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

To ensure your group is not charged for your reserved booking, this form needs to be received by the Council Officer at the Maidstone Community Centre 5 days prior to the reserved booking time. Thank you for your cooperation.

Cancellation notice can be forwarded by mail, fax, and email or in person.

Signature of Nominated Group Member: _____________________________  Date: _____/_____/_____