## Contact Details

1. Name of Organisation / Group

|  |
| --- |
|       |

Address

|  |
| --- |
|       |

Contact Person (First and Last name required)

|  |
| --- |
|  |

Telephone (business hours) Mobile Email

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |       |  |       |

## Organisation / Group Type

1. Which category best describes your organisation or group? (Choose one only)

|  |  |
| --- | --- |
| Category  | Description  |
| [ ]  Community based group | * A group not in receipt of any ongoing local, state or federal funding.
* Does not receive a significant profit from the delivery of its services, activities and/or programs. Any profit is injected directly back into the group’s services.
* Examples of this type of group include art and craft, health and wellbeing, community network groups, residents’ associations, general interest groups.
 |
| [ ]  Not-for-profit community service organisation or agency | * An organisation or agency that is in receipt of ongoing local, state or federal funding to support the services they deliver to the community.
* Registered not for profit (proof may be required). Any profit made is injected back into the services provided to the community.
* Examples of this type of organisation or agency include schools, counselling services, disability services, support services, welfare agencies and religious groups.
 |
| [ ]  Small and/or home based business | * A registered business that employs no more than five employees.
* A registered business that may operate from a private residence.
* A home based franchise of a larger company.
 |
| [ ]  Commercial business or training organisations  | * Any business that is established for the purpose of making a profit from their services. They are larger businesses employing six or more staff and do not operate from a private residential property.
* Any training organisation that offers accredited training and is registered as a private training organisation.
 |

1. Does your organisation or group have public liability insurance with a minimum coverage of $10 million?

Yes [ ] 🡪 If your booking is successful, you will be asked to provide a copy of the insurance certificate.

No [ ] 🡪 All hirers require public liability insurance while utilising the Community Centre. If your booking is successful, Council can arrange casual insurance at an extra cost per booking.

## Booking Details

1. Purpose of Booking Approximate Numbers

|  |  |  |
| --- | --- | --- |
|       |  |       |

1. Which rooms would you like to use and when would you like to use them?

|  |  |  |  |
| --- | --- | --- | --- |
|  **Room** | **Date** | **Start Time** | **End Time** |
| [ ] Hall 1 (Max 170 people) |       |       |       |
| [ ] Hall 2 (Max 80 people) |       |       |       |
| [ ] Lounge (Max 25 people) |       |       |       |
| [ ] Training room (Max 20 people) |       |       |       |
| [ ] Meeting room 1 (Max 20 people) |       |       |       |
| [ ] Meeting room 2 (Max 18 people) |       |       |       |
| [ ] Meeting room 1 & 2 (Max 40 people) |       |       |       |
| [ ] Consulting suites (Max 5 people) |       |       |       |
| [ ] Kitchen (Max 7 people) Please note only cutlery, plates, mugs and cups are available and must be washed up after use, all other equipment required must be brought in. |       |       |       |
| [ ] Deck (Max 30 ppl) |       |       |       |

## Equipment

|  |  |
| --- | --- |
| [ ] Whiteboard  | [ ] Flipchart  |
| [ ] Projector / AV | [ ] Microphone |
| [ ] Stage | [ ] Other       |

1. Please note if you are using any of the equipment at Selandra Community Hub you will be required to attend an induction during business hours prior to your booking to be shown how to use the equipment.

## Additional notes

1. ***i.e. This is a community event open to the public***

|  |
| --- |
|  |

**Payment Details**

* To secure a booking, a 25% deposit must be paid at the time of making your booking.
* The remaining amount must be paid four weeks prior to the function. Security bonds and an insurance fee (where applicable) must be paid the week of your function / activity.

|  |  |  |  |
| --- | --- | --- | --- |
| **Hire Fee** | **$** | **Insurance** | **$** |
| **Bond** | **$** | **TOTAL** | **$** |

**Bond Refund Details**

Bonds will be processed after a successful inspection by staff. These bonds may take anywhere between 2 – 4 weeks to be refunded.

|  |  |  |  |
| --- | --- | --- | --- |
| **Account Name** |  | **Bank** |  |
| **BSB Number** |  | **Account Number** |  |

**Request for hire of the room and acknowledgment**

**By signing this document I acknowledge that:**

* I have read and agree to the Conditions of Hire.;
* Where the hirer is a company or incorporated association, I am authorised by the hirer to complete the application form on the hirer's behalf; and
* I am personally responsible for ensuring that the hirer complies with the conditions of hiring the room and if the hirer breaches any of the conditions, I will be personally responsible for any such breaches, including any damage to the room.
* I have inspected the premises to be fit for purpose for my use.

**I request that:**

I acknowledge that hire of the room(s) is according to provided ‘conditions of hire’.

 Name Signature Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |       |  |       |

**Acceptance of room hire**

**Selandra Community Hub will notify you if the hiring of the room is accepted.**

**How to lodge**

**By email:** selandrach@casey.vic.gov.au

**By post:** 7-9 Selandra Boulevard Clyde North, VIC 3978

**In person:** Selandra Community Hub, 7-9 Selandra Boulevard, Clyde North

**How to pay**

**One off booking:** Cash or EFTPOS at Selandra Community Hub**.**

**Bond:** EFTPOS at Selandra Community Hub. Please note bonds can take up to two - four weeks to be refunded into your nominated account.

**Privacy**

Your personal information will be handled in accordance with the Privacy and Data Protection Act 2014 and used for the specified purpose. You can access your personal information by contacting Council’s Privacy Officer on
9705 5200.

## OFFICE USE ONLY

|  |  |
| --- | --- |
| Insurance Check Yes [ ] No[ ]  | Reference Check Yes [ ] No[ ]  |
| Accepted Yes [ ] No[ ]  |  |
| Entered Yes [ ] No[ ]  | Confirmation Sent \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_ |
| Processed By:  |

