

MEETING ROOM HIRE APPLICATION FORM

**PLEASE CONTACT RECEPTION TO DISCUSS COVID SAFE PROTOCOLS**

**Please complete and sign this form and return to:**

CUSTOMER SERVICE OFFICER

Shop 48 – The Harmony Centre

PO Box 93 Heidelberg West VIC 3081 or [shop48enquiries@banyule.vic.gov.au](mailto:shop48enquiries@banyule.vic.gov.au)

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| --- | --- | --- |
| Available Meeting Rooms: Meeting Room 1 – (Front foyer) approx. 26 person capacity – Depending on setup  Meeting Room 2 – (Mezzanine) approx. 15 person capacity  Meeting Room 3 – (Back room) approx. 30 person capacity  Interview Rooms – approx. 4 & 6 person capacity  Room capacity is subject to change due to COVID-19 restriction | | |
|  | | |
| **Meeting Room**  If you wish to hire more than one space, please complete a separate Application Form for each. | Room Name |  |
| Details of proposed booking |  |
|  |  |  |
| **Organisation:** |  | |
| **Purpose of Hire:** |  | |
| **Approximate number of attendees:** | |  |
| **Hire Period:** e.g. Day(s) and Time(S) of Hire | |  |

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|  | | | | | | | | | | | | | |
| **Hirer Details:** | Name: | |  | | | | | | | | | | |
| Address: | |  | | | | | | | | | | |
| Phone No: | | Work: |  | | | Home: | |  | | Mobile: | |  |
| Email: | |  | | | | | | | | | | |
| **Incorporated Associations or Bodies must complete the next sections.** | | | | | | | | | | | | | |
| **Incorporated Association or Body details:**  For associations incorporated under the *Associations Incorporation Act* 1981 or registered businesses/companies under the Corporations Law.  (Write “as above” if these details are same as above. If details are  incorrect, please cross out and add new details below). | Copy of certificate of registration on file? | | | | | | | | | | | | |
| Yes: | | | | | | | No: | | | | | |
| *If no, please attach a copy of your certificate.* | | | | | | | | | | | | |
| Contact for Enquiries: | | | | |  | | | | | | | |
| Address: | |  | | | | | | | | | | |
| Ph. No: | | Work: |  | | | Home: | |  | | Mobile: |  | |
| Email: | |  | | | | | | | Position Held: | | | |
|  |  | |  | | | | | | |  | | | |
| **Is Hirer Registered for GST** | Yes /No | | If yes, please provide ABN: | | | | | |  | | | | |
| Public Liability Insurance: The Hirer must have current public liability insurance cover for an amount of **$10,000,000** per event and the policy must be extended to cover Council as Principal. | | Name of Insurer: | | |  | | | | | | | | |
| Expiry Date of Certificate of Currency: | | | | |  | | | | | | |
| ***If certificate has expired please attach current Certificate of Currency*** | | | | | | | | | | | |

**I/We acknowledge that the Conditions of Hire form part of this Application.**

**By signing this form I acknowledge and accept the Conditions of Use for Hiring Community Halls and agree to indemnify and keep indemnified and to hold harmless the Council, it servants and agents and each of them from and against all actions, costs, claims, expenses and damages whatsoever which maybe brought or made or claimed against them or any of them arising out of or in relations to the use/hire. I will in all respects comply by those conditions on acceptance of this application**

**I also accept that the supply of incomplete or incorrect information in this Application may affect any risk or liability claims and the hire of the Community Hall, including the refund of the Security Deposit paid (if applicable).**

**Signed: ………………………………………………….. Organisation: …………………………………………………**

**Print Name: …………………………………………….. Position: ………………………………………………………**

**Date: ……………………………………………………..**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Council respects all personal and confidential information you give and will do everything possible to protect information from unauthorised access, loss or misuse. Information collected from you is required for the delivery of Council Services in accordance with Council’s powers, functions and purposes under the Local Government Act 1989 and other relevant legislation. It may also be used by Council to conduct research and customer satisfaction surveys so that we may better understand community needs and can improve service delivery. Should you need to change or access your personal details, please contact Customer Service on (03) 9490 4222.* | | | | |
| I*, ………………………………………………………………………* | | understand that the information provided above will be used in | | |
| *(PLEASE PRINT)*  accordance with relevant legislation and declare that this information is correct to the best of my knowledge. | | | | |
| **Signature:** | …………………………………………………… | | **Date:** | ……………………………………… |

**OFFICE USE ONLY**

**Signed on behalf of Shop 48:………………………..... Date:………………………………………………….**

**Print Name:…………………………………………….. Position Held:……………………………………….**