



# VENUE HIRE APPLICATION FORM

E-PR02

SHOALHAVEN NEIGHBOURHOOD SERVICES INC.

The attached 'Conditions of Hire' (E-PR03) form part of this application.

Organisation Details																					
Name Organisation/Group																					
Contact Name																					
Daytime Phone No.	Mobile <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Email address																					
Address for Correspondence	Post Code:																				
Type of Organisation Group (Please tick)	<input type="checkbox"/> Business or Government department <input type="checkbox"/> Private individual or group <input type="checkbox"/> Not for profit organisation																				
Reference details that you need recorded on invoice																					

Room Hire Details																					
Type of booking (Please tick)	<input type="checkbox"/> One-off Booking <input type="checkbox"/> Recurring Booking <input type="checkbox"/> Including School Holidays Yes/No																				
Date(s) / Day(s) Required, Time(s) Starting and Finishing																					
Name of room booking (Please tick)	<input type="checkbox"/> Worrigee St Meeting room 1 <input type="checkbox"/> Park Rd Front Room <input type="checkbox"/> Worrigee St Meeting Room 2 <input type="checkbox"/> Park Rd Back Room <input type="checkbox"/> Worrigee St Playground <input type="checkbox"/> Park Rd Kitchen <input type="checkbox"/> Worrigee St Community Space																				
Purpose of Hire																					
Laptop hire required	<input type="checkbox"/> Yes (Additional fees apply) <input type="checkbox"/> No																				
Projector hire required	<input type="checkbox"/> Yes (Additional fees apply) <input type="checkbox"/> No																				
TV hire required	<input type="checkbox"/> Yes (Additional fees apply) <input type="checkbox"/> No																				
Name of Facilitator Attending	Mobile <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Public Liability Insurer	Certificate of Currency attached <input type="checkbox"/> Yes <input type="checkbox"/> No      Expiry date:																				

Agreement
As the hirer, I hereby agree that the above information is correct and that I have read and understood and agree to abide by the Conditions of Venue Hire. I also agree to indemnify Shoalhaven Neighbourhood Services Inc., its staff and volunteers and Management Committee members from and against any claim arising from any accident, loss, damage or injury to persons or property by reason of anything done or omitted to be done by the Hirer, its employees and any persons under its control or responsibility in connection with the usage of Shoalhaven Neighbourhood Services Inc.'s facilities.

Signature		Date	
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Office Use Only			
<b>Application accepted by</b>		<b>Date</b>	
<b>Application entered into calendar</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Entered by:</b>	
		<b>Date</b>	
<b>Keys Required</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Alarm Code Required</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date Keys Collected</b>			
<b>Date Keys Returned</b>			

<b>Any other comments</b>	
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**COVID-19 SPECIFIC SAFETY REQUIREMENTS FOR ROOM USERS**  
(these are subject to change from time to time to accommodate changing health advice)

**IF YOUR GROUP HAS MORE THAN ONE REGULAR FACILITATOR THEY EACH MUST SIGN THIS DOCUMENT**

1. Upon entry and exit of each centre we require visitors to sanitise their hands. There is a sanitisation station that has been installed near the front door. Please encourage all visitors to maintain social distancing when arriving and leaving the centre and avoid congregating in thoroughfares or near the building entrance.
2. Every member of group must be asked the following 2 questions and if they are unable to answer NO to these questions they must be asked to leave the premises.
  1. Have you **been in contact with a confirmed or suspected case of COVID 19** within the last 14 days and
  2. Are **you or anyone in your household displaying flu like symptoms** e.g fever or chills, cough, shortness of breath or difficulty breathing, body aches, headache, new loss of taste or smell, sore throat?
3. The current requirement for 4 sq metre allocation has been calculated and the maximum number of people allowed in the space is clearly marked at the entry/exit point. This differs depending on the area you have hired **HOWEVER, our current group MAXIMUM is 10.** \*\*\*\*\*
4. **Every** attendee of **every** meeting of your group **MUST** provide name and contact telephone number at time of attendance – this information will be used for the purposes of contract tracing only and is a requirement of NSW Health. This is additional to the regular requirement of recording number of attendees – and the completed document must be put into the secure bin provided before leaving the premises. This information will be securely shredded after the required 28 day retention period has expired.
5. Shared cups/crockery etc have been removed from the meeting rooms. Disposable cups and plates will be provided – you are invited to bring along your own re-usable cup/drink bottle should this suit you. If your group shares food – it is recommended that you avoid this – but if that is not possible, one member of the group should serve to avoid any sharing of utensils or unintended handling of food for others.
6. During your time at the centre you must promote members maintain a social distance of 1.5m at all times

*I have read the attached documents about ways to help stop the spread and I agree to adhere to these requirements and the conditions of entry to ensure the Neighbourhood Centre can continue to offer a safe space for our group to meet.*

NAME:			
GROUP NAME:			
SIGNATURE:		DATE:	