

# APPLICATION FOR FACILITY HIRE

## Applicant Details:

First Name			Surname		
Organisation Name <i>If applicable</i>				ABN	
Authorised Contact				Phone	
Postal address					
Suburb			Postcode		
Contact Number		Email			

## Booking Details:

About the Hirer (Individual or Group)	<input type="checkbox"/> Individual/Private <input type="checkbox"/> Business/Commercial <input type="checkbox"/> Unincorporated Group	<input type="checkbox"/> School <input type="checkbox"/> Religious/Worship Group <input type="checkbox"/> Political Party	<input type="checkbox"/> Government <input type="checkbox"/> Not for Profit <input type="checkbox"/> Other (Please specify)
Type of activity	<input type="checkbox"/> Meeting <input type="checkbox"/> Community Service or Program <input type="checkbox"/> Recreation/ Sporting Activity <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Education Program <input type="checkbox"/> Social/ Cultural Activity <input type="checkbox"/> Children's Party <input type="checkbox"/> Dinner <input type="checkbox"/> Birthday <input type="checkbox"/> 18 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> Other	<input type="checkbox"/> Wedding/Engagement <input type="checkbox"/> Community Event or Festival <input type="checkbox"/> Bus Hire
Description of activity			
Number of guests/passengers	Will food be served? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will alcohol be consumed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Percentage of participants from the Cumberland LGA		
Register your Event	<a href="#">Party Registration</a>	Registration ID Number:	
Booking Details  <i>Must include setup and clean up time as part of booked time</i>	<b>Day</b>	<b>Frequency</b>	<b>Start - Date/Time</b>
	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> One-Off  <input type="checkbox"/> Include in booking <input type="checkbox"/> School Holidays <input type="checkbox"/> Public Holidays*	Date     Time     
			Date     Time     
Parks & Gardens Booking	Will you have any amplified sound or music <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Do you wish to erect any temporary structures like jumping castles, amusement devices <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes please specify:		
	Will you be bringing any hired equipment (signing tables, chairs etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes please specify:		

## Facility Required (refer to website for all available facilities, capacity and Fees & Charges)

For more information visit: [www.cumberland.nsw.gov.au/recreation/venues-hire-0](http://www.cumberland.nsw.gov.au/recreation/venues-hire-0)

Facility required	<input type="checkbox"/> Hall/Community Centre <input type="checkbox"/> Meeting room <input type="checkbox"/> Passive Park <input type="checkbox"/> Garden <input type="checkbox"/> Picnic Area <input type="checkbox"/> Bus Hire
Name of facility First Preference	Name of space within facility 
Name of facility Second Preference	Name of space within facility 

# APPLICATION FOR FACILITY HIRE

Bus Hire**	<input type="checkbox"/> Community Bus - 10 seater (Accessible)	<input type="checkbox"/> Community Bus - 20 seater (Accessible)
	Has your Driver driven the vehicle previously <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please contact the Social Inclusion Team to do a Driver Familiarisation – Two weeks' notice required)	
**Monday to Friday (after 6pm), Saturday or Sunday (24 hour hire period, must be returned by midnight) Full Weekend (6pm Friday to 6pm Sunday inclusive)		

## Certificate of Currency / Public Liability Insurance

If you are an incorporated organisation or commercial organisation, please attach a copy of your Certificate of Currency for Public Liability Insurance and complete the details below. Note: Regular Hirers – Please provide annually.

Certificate of Currency attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurer	
Amount of Cover		Expiry Date	

## Bonds

Bond refunds will be deposited directly into your bank account within 7 working days upon inspection and/or return of keys/swipe card following a booking. Please note banking details below must match the payee of the bond.

Name of Bank:	Account name:	BSB No:	Account No:
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If a cheque is required, it will be sent to the payee of the bond.

☐ Cheque required (Note: A cheque will require a further 5 working days to be issued, please allow additional postage time)

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Privacy Policy

The supply of this information by you is voluntary. If you do not provide all the information, Council will be unable to process your application. Cumberland Council is required to comply with the information protection principles in the Privacy and Personal Information Act 1998 (PPIP Act). These principles regulate the collection, storage, use and disclosure of personal information held by government agencies. Generally, any personal information you provide to Council will only be used and/or disclosed for the Council's purposes, or a directly related purpose, unless you consent to another use or disclosure, in emergencies or as otherwise required or authorised by law, including release to NSW Police. Further information is available in Council's Privacy Management Plan.

## Declaration

- ☐ I certify that to the best of my knowledge the information supplied in this application is true and correct.
- ☐ I agree to abide by the Terms and Conditions of Hire. I agree to advise Council in writing should there be any alterations or additions to the information supplied therein.
- ☐ I have attached/uploaded all relevant requested documents and confirm the documents are current and correct.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Form Lodgement

Lodge online	Click the submit button
Lodge by mail	Attn: Bookings – PO Box 42, MERRYLANDS NSW 2160
Lodge by email	<a href="mailto:council@cumberland.nsw.gov.au">council@cumberland.nsw.gov.au</a>
Lodge in person	Visit Cumberland Council Customer Service Centres
	16 Memorial Ave, MERRYLANDS NSW 2160 or 1 Susan St, AUBURN NSW 2144
To contact Bookings	Please call (02) 8757 9000

## Office use only

TRIM Number		Date (paid)		Receipt Number	
Application Number		Amount (paid)			