Hallam Community Learning Centre Inc.



56 Kays Avenue, Hallam Vic. 3803 Phone 9703 1688 E-mail admin@hallamclc.com.au

Incorporated since 1986 No A7966 ABN 53 001 164 470

APPLICATION FOR PERMANENT ROOM HIRE

HIRER'S DETAILS						
Name of organisation or g	group.					
Address:						
Address.						
					Post Code:	
Primary conta		Secondary contact name.				
Primary Mobile.	Telephone (bus.	hrs)	rs) Secondary Mobile		Telephone (bus. hrs)	
,					,	
Primary contact email.			Secondary contact email.			
,						
BOOKING REQUIREMENT						
Dates required.						
ROO	ROOM				HIRE TIME OUT	
Large Multipurpose						
Small Multipurpose						
oman manaparpose	Small Waltiput pose					
An allowance of 30mins is	s allocated prior/after	Hire to	set up and clean if a	dditio	nal time is required it	
must be included in hire t	•	Time to	set up and elean, in a	aartio	nar time is required it	
Time entering			Time leaving			
the building:			the building:			
the bananig.			the banang.			
What is the purpose of yo	our hire?					
Da vas vas visa autor abai						
Do you require extra chai	rs: it so, now many?					
Do you require any extra	equipment?					

Permanent hirers shall be invoiced on a regular basis by arrangement.

All invoices will be sent via email or hardcopy delivered by mail.

Payment is to be made 14 days in advance of the booking by Direct Credit, Cheque, Cash or EFTPOS.

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PUBLIC LIABILITY INSURANCE:

It is a	requi	rement of Counc	il buil	dings that a	II organisat	ions ar	e incorpor	ated and	I have public liability
insura									
Do yo	u hav	e public liability	insura	ince?	YES		NO		(please tick)
		A copy of public	liabili	ty insurance	e certificate	is atta	iched.		(please tick the
		Purchase casual	publi	c liability ins	surance at s	\$15 pe	r hire.		applicable selected)
BOND	FEES	:							
	Date	paid upon previc	us co	mmenceme	ent of hire:				
				Amo	unt paid \$				
:	Secur	ity Deposit	\$		Refundab	le on c	onditions b	eing me	t.
	Кеу В	ond	\$	100.00_	Refundab	le on co	onditions b	eing met	
-	ТОТА	L:	\$		Receipt N	o:		Da	te:
HIRE F	EE::	Full rate	\$				per hour		
		Community rate	e	\$			per hour	(Please	attach Inc. Certificate).
AGRE	EMEN	I T: I acknowledg	ge tha	t:					
•	l have	read, understood	and a	gree to the T	erms & Con	ditions	of Facility H	ire.	
•	I have	read, understood	and a	gree to the s	chedule of f	ees and	d charges as:	sociated v	with my booking.
•	The ro	om is hired to the	Hirer	on the terms	s contained	in the A	application f	or Hire.	
•	Where the Ap	e the Hirer is a cor oplication for Hire	npany on the	or incorpora Hirer's beha	ited associat alf.	ion, I a	m authorise	d by the	Hirer to complete
	room	ersonally respons and if the Hirer br nes, including any	eache:	s anv of the 1	Γerms & Cor	compli ditions	es with the [.] , I will be pe	Term & cersonally i	onditions of hiring the responsible for any such
•	The Ha	allam Community ot been met.	Learni	ing Centre ha	as the right t	o termi	nate any hir	e agreen	nent if conditions of hire
Name	_								(Please print).
Signat	ure—							Date:	
<u>Office</u>	Use O	nl <u>y</u> : Date ceased	d hire	of HCLC facili	ities:				
		Security Bo	nd ref	unded—date	ed		\$		
		Key	Bond i	refund—date	ed		\$		
RECEIV	/ED	Signed:							
									QUE <i>(Please circle).</i>

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REFERENCES/REFEREES: We require references, two if possible.

1. Name of	last facilities	s hired by yo	ourself/group:				
Address:							
Contact pers	son:						
Contact num	nber:						
Hire date cor	mmenced:			Date ceased:			
2. Name of Address:	f last facilitie	s hired by y	ou/group:				
Contact per	son:						
Contact nun	mber:			7			
Hire date co	ommenced:			Date ceased:			
commencer	ment, Hallar efore, no ac	m Communit	ty Learning Cent	d if any overdue invo re may then notify mo building and the key/	e/us verbally t	that our hire ag	reement shall
The hirer is	notified of	y Learning of commencer confirmation	ment of hire pen	tact your venue refe ding the outcome of	rees before a queries mad	any hire agreer e. The Hirer s	nent is accepted hall also produc
Signed:					Dated	:	
Office Use	e <i>Only</i> Driv	ers Licence	. No:				
or other p	ohoto identif	ication sight	ed:		Date:		