

## **VENUE HIRE APPLICATION FORM**

CONTACT INFORMA	ATION		
Name:			
Postal address:			
Suburb:		Postcode:	
Organisation/company:			
ABN/CAN:			
Position:			
Contact number (BH):		Mobile:	
Drivers licence No:		Expiry date:	
FUNCTION DETAILS			
Venue required:			
Date of hire:			
Event start time (includi	ng set-up):		
Event finish time (includ	ling pack-up):		
Nature of function:			
Number of people atten	ding function:		

### **EMERGENCY MANAGEMENT ARRANGEMENTS FOR PEOPLE WITH A DISABILITY**

A person with a disability may include a person who:

- is accompanied by an assistant;
- has a guide or companion animal;
- uses alternative forms of information and communication;
- has an ambulatory disability;
- uses a wheeled mobility appliance (such as a wheelchair or scooter);
- are easily fatigued; or
- easily experience acute anxiety or extreme confusion in an emergency.

If you expect any persons with a disability to be present, you are responsible for making, and communicating, appropriate arrangements so that they can be safely evacuated in the event of an emergency. You are welcome to contact Council to discuss available access, amenity and escape arrangement at the venue.

I do not expect any persons with a disability to be present during my booking at the venue. If circumstances change, I acknowledge I am responsible for making appropriate arrangements such that any persons with a disability who are present can be safely evacuated in the event of an emergency.

I expect that some persons with a disability may be present during my booking time at the venue. I have made appropriate arrangements to ensure that they can be safely evacuated in the event of an emergency.

PUBLIC LIABILITY INSURANCE		
Copy of Hirer's Certificate of Currency attached?	Yes	No
Copy of Third Party Certificate of Currency attached?	Yes	No
Copy of Supply and Consumption of Liquor Permit attached?	Yes	No
Copy of Liquor Licence attached?	Yes	No

VENUE HIRE FEE — OFFICE USE ONLY	
Venue hire fee including GST:	\$
Bond (\$1,000 to \$5,000):	\$
Total Payment	\$

NAME OF BANK ACCOUNT HOLDER FOR BOND REFUND VIA EFT								
Please Note: details below are for the refund of the bond only not for payment options								
BSB:					-			
Account:								
Name of account holder:								
Email:								
Signature:					Da	nte:		

The security deposit payable is fully refundable subject to Council being satisfied that all parts of the facilities are clean, tidy and free from any damage in accordance with the terms and conditions of hire and that no fees or costs are owed to Council in connection with the hire. Following a function, the hirer should allow between seven (7) to twenty one (21) working days for an EFT refund.

## THIS SECTION APPLIES TO THE TOWN HALL ROOMS ONLY

### **EQUIPMENT REQUIREMENTS — FOR TOWN HALL VENUES ONLY**

Users are requested to list Council equipment they require for their function. Any changes to the required equipment must be provided at least one week prior to a function.

Please tick below the equipment required for your function.

TOWN HALL MEETING ROOMS	REQ.	DETAILS
TV/video recorder		
Screen		
Overhead projector		
Electronic data projector		
Lectern		
Portable PA system/built in PA system		
Flip charts		
Electronic whiteboard		

THEATRETTE	DETAILS
Sound system including hand and lapel microphones	
Lectern	
Data projector	
Electronic data projector	
Video player	
DVD/CD player	
Overhead projector and electronic whiteboard	
12 channel lighting console	
Two* slide projectors	
Screen (3x5 metre)	

## THIS SECTION APPLIES TO THE TOWN HALL ROOMS ONLY

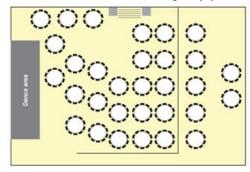
AUDITORIUM	REQ.	DETAILS
Sound system including hand and lapel microphones		
Lectern		
Data projector		
Electronic data projector		
Video player		
DVD/CD player		
Overhead projector and electronic whiteboard		
12 channel lighting console		
Two* slide projectors		
Screen (3x5 metre)		

Table/chair setup requirements — You will need to provide a detailed list of how many chairs and tables you require and where you will like to position them. Please use additional pages if required.

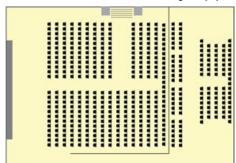
TABLE AND CHAIR SET-UP (TOWN HALL ONLY)		
Number of tables/chairs:	Set-up:	

Please select from the set-up diagrams below or advise of an alternative set up.

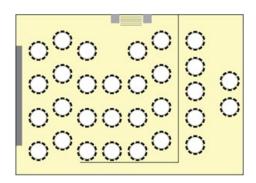
Auditorium — Dinner Style (1)



Auditorium — Theatre Style (2)



Auditorium — Banquet Style (3)



Custom Style (4)



# ACCEPTANCE OF VENUE CONDITIONS OF USE AND EMERGENCY MANAGEMENT GUIDELINES

Emergency Management Guide understand that I am responsib Guidelines, including respondir	Inderstood the Conditions of Use — Venue Hire, Glen Eira City Council elines and the emergency management information for the venue. I le for meeting all relevant requirements in the Emergency Management in the event of an emergency, unless I nominate another person in s. I certify that I am duly authorised to enter into this agreement.
Name of applicant:	
Signature:	
Date:	
Signed for and on behalf of: (Name of Organisation)	
please include their name and	nother person to take on your emergency management responsibilities, contact details. You must inform them of their nomination and provide them carry out emergency management responsibilities.
Name of nominated person: (if applicable)	
PLEASE EMAIL COMPL	ETED FORM TO: <u>venues@gleneira.vic.gov.au</u>
OFFICE USE ONLY:	
Customer number	
Invoice number	

#### Privacy

The personal information requested is required to administer your hire of the Council facility referred to in this form and will only be shared with those directly responsible for faciliting that hire. If you do not provide the information, Council will not be able to process your application. If you would like to know more about privacy at Glen Eira City Council, please see Council's privacy policy and information on Council's website at: <a href="https://www.gleneira.vic.gov.au/privacy">https://www.gleneira.vic.gov.au/privacy</a>