**Quantin Binnah Community Centre Inc**  ACN 0025613E

61 Thames Blvd. Werribee Vic 3030  PH: 9742 5040

Email: community@qbcc.org.au

# APPLICATION FOR ROOM HIRE

| 1. Contact Details | | | | |
|---|---|---|---|---|
| Name of Program/Activity | | | | |
| Name of Group/Organisation (If applicable) | | ABN / ACN | | |
| Contact Name | | | | |
| Postal Address | | | | |
| | | P/Code | | |
| Phone Number | | | | |
| Email | | | | |
| Alternative Contact Name | | Phone | | |
| 2. No. of Attendees: | | Room | ☐ *Chirnside*  ☐ *Chaffey*  ☐ *Peppercorn* | |

**3. Description of activity:**

|  |
|---|
|  |
|  |
|  |
|  |
|  |
|  |

**4. Which category best describe your group? (please tick ☑ one if applicable)**

| ☐  Commercial | ☐  Community / Not for Profit | ☐  Agency/Government Organisation |
|---|---|---|

**5.  What is the Date for your Booking/s?** (Please also circle days for room hire on attached Calendar)

☐ *Date of Casual Booking:*   /   /        ☐ *Date to start Regular Bookings:*   /   /

## 6. Preferred usage requirements: (include set up and pack up time)

| Days | Start Time | End Time | Usage: Once/Daily/Weekly/Fortnightly/Monthly | Hours |
|---|---|---|---|---|
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |
| Saturday | | | | |
| Sunday | | | | |
| | | | Total hours per usage | |

## 7. Does your activity operate: (please tick ☑ only which are applicable)

☐ On Public Holidays   ☐ During School holidays   ☐ During School term only

## 8. Insurance and incorporation: (if YES, please provide copy of relevant documentation) ☑

| | | |
|---|---|---|
| Does your group have minimum $20 million public liability insurance? If No, contact Wyndham City Council wyndham.vic.gov.au/public-liability to apply for a one-off public liability insurance cover. | ☐ Yes | ☐ No |
| Is your group incorporated? | ☐ Yes   Cert #: | ☐ No |
| Is your group a registered training organisation? | ☐ Yes   RTO #: | ☐ No |
| Is your group a Community Service Organisation / Agency that receives funding to run programs? | ☐ Yes | ☐ No |
| Does your group charge fees to members? | ☐ Yes | ☐ No |
| If YES, how much and for what? | *$5 per person for 1 hour* | |
| Does your group / organisation have a license to operate a children's service / program*(if applicable)? Please refer to the *Children's Services Act 1996* | ☐ Yes | ☐ No |
| Do your staff / volunteers have a Working with Children Check[+] (if applicable)? Please refer to the *Working with Children Act 2005* | ☐ Yes | ☐ No |
| Does your organisation comply with Victoria's Child Safe Standards[#] (if applicable)? Please refer to *Dept of Human Services policy guidelines and legislation* | ☐ Yes | ☐ No |

## 9. Does your activity need any equipment and how many? (please tick ☑ and write quantity

☐ Trestle Tables:   How many?  ....   ☐ Overhead Projector   ☐ Whiteboard

☐ Chairs:   How many?  .....   ☐ Access to urn/hot water

Tick boxes to ensure that you have included all required information: ☑

☐     Completed dates on attached calendar schedule (mandatory)

☐     Copy of current public liability insurance of minimum $20 million (mandatory)

☐     Certificate of incorporation (if applicable)

☐     Copies of relevant licenses / Accreditation / Working with Children Checks (if applicable)

☐     I agree for my activity and contact details to be promoted through Council and Quantin Binnah publications and websites / notice boards.

☐     I acknowledge and agree to pay my room bond in advance (where bond is applicable)

☐     I acknowledge and agree to pay my room hire fee in advance

| | |
|---|---|
| Signature: | |
| Date: | |

Applications can be scanned and emailed to:   community@qbcc.org.au

OR posted or hand deliver to:   Community Development
Quantin Binnah Community Centre
61 Thames Blvd
Werribee VIC 3030

For Office Use only

| | | | | | |
|---|---|---|---|---|---|
| Date App Received: | | Rate Category:<br>Rate per hour: | $ | Key No: | |
| Booking Entered: | | Finance to invoice: | Y / N | Security Code: | |
| PLI provided | Y / N | Certificate of Incorporation | Y / N | Other certificates | Y / N |
| Approved by CDS: | | Date: | | Agreement signed | Y / N |
| Induction Checklist Completed Date: | | Bond Paid: | $ | Date Bond paid: | |
| Inspection Checklist Completion Date: | | Bond Returned Date: | $ | Key returned: | Y / N |

# ROOM HIRE CALENDAR SCHEDULE

Name of Hirer/Organisation:

Please list all days where room hire required:

| Day | Date | Time | Room / Comments |
|-----|------|------|-----------------|
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |

Name of Hirer/Organisation:

| Day | Date | Time | Room / Comments |
|-----|------|------|-----------------|
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |
|     |      |      |                 |