



Agreement between Hirer and PMQ Hastings Council

Please note: this form must be signed and returned to the Booking Officer, Vana Ford, prior to the event. Scan and email to [venuebookings@wauchopearts.org.au](mailto:venuebookings@wauchopearts.org.au) or phone 0414 798 796.

I/We ..... (name of individual or organisation)

Of: .....  
(address)

Email: ..... Phone: .....

Hereby make application to use the Wauchope Arts Community Hall between the hours

of ..... and ..... on .....(day) .....(day/mth/year)

for the purpose of ..... (type of function/activity) .

I have read and understood the Conditions of Hire for the Wauchope Community Arts Hall and agree to accept these conditions and to pay the following charges and contingency deposits.

Hall hire rate: ..... hours @ \$..... per hour                      Hall hire fee: \$ .....

Cleaning deposit \$50 (if applicable)    \$ .....

Alcohol to be consumed? (circle)    yes    no

Alcohol consumption deposit: \$275 (if applicable)                      \$ .....

Total: \$ .....

Signed by hirer: ..... Date: .....

Print name: .....

Please pay by direct deposit to the following Holiday Coast Credit Union acct:

**BSB 721000    Account number: 100153520**

**Account name: Wauchope Community Arts Council**

**k    lude your surname or company name as a reference.**

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**Hall Committee Use Only**

1. Approval given by ..... on behalf of hall Committee on ..... (date)
2. Certificate of Currency (\$10million Public Liab) sighted by ..... on ..... (date)
3. Bond/ deposit less and contingencies refunded on ..... (date)
4. Has an Incident/Accident/Hazard Report been received? YES / NO    Is the matter resolved: YES / NO

Signed: ..... Date: .....

## **CHECKLIST for CLOSING the HALL**

### **KITCHEN**

1. All appliances (stove, urn, jug and microwave) off
2. Taps off
3. Cupboards closed
4. Windows shut and locked
5. Bins emptied
6. Outside doors both locked
7. Lights & fans off

### **TOILETS**

1. Windows shut and locked
2. Taps off
3. Lights off

### **CHAIRS and TABLES**

1. Chairs stacked neatly at the southern end of the hall
2. Tables stacked in cart at the southern end of the hall

### **HALL**

1. Windows shut & locked, blinds down
2. Doors (both) at southern end closed
3. Air conditioners (both) off
4. Lights & fans off
5. Don't forget keys!
6. Front door pulled shut



Appendix 1

**INCIDENT/ACCIDENT/HAZARD REPORT**

Please fax to the Community Facilities Officer 6581 8033

1. DETAILS OF PERSON MAKING REPORT

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2. INCIDENT / ACCIDENT / HAZARD DETAILS: (please circle one)

Address where Incident occurred or Hazard is located:

Exact location of Hazard: \_\_\_\_\_

Date Reported:

Time:            am/pm

Did/Can this cause (Please tick one or more)

Personal Injury   Fire   Property Damage   Vehicle Damage   Equipment Damage

Please give details:

What could or has been done to prevent the incident occurring again, or to eliminate the hazard?

3. THIRD PARTY DETAILS

If there was injury to a person, or damage to a third party's property, what was the person's name and address? If the person was under 18 can you please provide parental contact if available.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

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4. PERSONAL INJURY DETAILS

NAME:

DETAILS:

WITNESS 1: - DETAILS

Name:

WITNESS 2: - DETAILS

Name:

Note: If this hazard has the potential to cause death or serious injury, it must be reported immediately. You must do everything within your control to prevent injury from the hazard until the hazard is minimised and/or eliminated.

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

Office Use Only

Date Received: \_\_\_\_\_

Council Officer: \_\_\_\_\_

Action:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_