



Agreement between Hirer and PMQ Hastings Council

Please note: this form must be signed and returned to the Booking Officer, prior to your event.
Please scan, complete and email to stphnhealy@gmail.com or phone 0481 330 028.

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
Please include your surname or company name as a reference.

Hall Committee Use Only

- Approval given by on behalf of hall Committee on (date)
- Certificate of Currency (\$10million Public Liab) sighted by on (date)
- Bond/ deposit less and contingencies refunded on (date)
- 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:
