**Room Hire Booking Application Form**

To apply for the use of room(s) at Elwood St Kilda Neighbourhood Learning Centre (ESNLC), please complete the details below and sign both this form and the Terms and Conditions of Room Hire and submit both signed documents to ESNLC via email or in person.

By signing this form, I acknowledge that, I have received, read and understood the conditions of room hire as outlined in the *Terms and Conditions of Room Hire* document provided.

**Details of Hirer**

Full Name of Hirer:

Address:

Type of Organisation:  Not for Profit/Charity  Commercial for Profit  Private

**Booking Contact Details**

Name:

Phone Number: Email:

Alternative Contact Name:

Phone: Email:

**Booking Information**

Purpose of Hire (including details of any party entertainment activities):

Qualifications (where relevant):

Booking Type:  Casual Hire

Sessional Hire (please choose invoice option below)

I elect to be invoiced for Sessional Hire:

Monthly  Quarterly  Annually  By School Term

Room requested:  Room 1  Room 2  Function Room

Room 5  Kitchen  Computer Room   
  
Numbers expected:

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| --- | --- | --- |
| **Date(s) of Room Hire:** | **Start Time:** | **End Time:** |
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**Child Safe Standards**

ESNLC has zero tolerance for child abuse and is a committed Child Safe organisation. All Not for Profit/Charity and Commercial for Profit room hire bookings for programs where children and/or young persons will attend are required to comply with legislation and regulations relating to child safety including but not limited to the Worker Screening Act (2020), and the Working with Children Regulations (2016) and the Victorian Child Safe Standards (CSS).

I confirm children and / or young persons will be in attendance.

I comply with all legislation and regulations relating to child safety.

**Acceptance**

I accept the terms and conditions outlined in the “Terms and Conditions for Room Hire” document provided and confirm all details provided in this Room Hire Booking Application Form are correct.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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