

I, the undersigned, hereby make application for the use of the Strathfield Central Library and/or associated facilities on the date(s) mentioned and for the purpose indicated. I have read and agreed to the terms and conditions of hire prior to completing this application.

DETAILS OF USER

Name of organisation / group:

Address of organisation / group:

CONTACT PERSON 1 - PERSON ASSUMING RESPONSIBILITY (must be over 18)

Name: _____

Street address: _____

Phone (b): _____

Phone (h): _____

Mobile: _____

Email: _____

CONTACT PERSON 2

Name: _____

Phone (b): _____

Phone (h): _____

Mobile: _____

Email: _____

PURPOSE OF HIRING (Brief description of your proposed activities)

NATURE OF ORGANISATION / GROUP

- Non-profit / community (**written evidence required**)
- Seniors – all members over 55 years (**written evidence required**)
- Commercial / for profit
- Other (please describe)

ATTACHMENT REQUIRED:

If applying for hire at the reduced rate for local non-profit/community groups you must attach written evidence.

Is your organisation / group based in the Strathfield Municipality? Yes No

Does your organisation / group provide a service to the Strathfield Municipality?

Yes No

Please provide details: _____

Is your group an incorporated association or registered co-operative? Yes No

ATTACHMENT REQUIRED:

If yes, you must attach a copy of the relevant documentation.

INSURANCE

Will you be using the centre on more than ten (10) days in a twelve month period? Yes No

Do you have public liability insurance? Yes No

ATTACHMENT REQUIRED:

If making ten (10) or more bookings throughout the year proof of public liability insurance to the value of at least \$10 million must be provided.

You must attach a copy of your current certificate of insurance.

FACILITY REQUIRED

- Ironbark room – whole room
- Ironbark room – half room (kitchen)
- Ironbark room – half room (A/V equipment)
- A/V equipment (Ironbark room only) *(not available for use out of hours)*
- Acacia room – maximum 8 people
- Grevillea room – maximum 8 people
- Melaleuca room – maximum 3 people

Dates and times requested:

_____ from: _____ am/pm to: _____ am/pm
 _____ from: _____ am/pm to: _____ am/pm
 _____ from: _____ am/pm to: _____ am/pm
 _____ from: _____ am/pm to: _____ am/pm

Number of people likely to attend: _____

Number of tables required: _____

Number of chairs required: _____

DECLARATION

I have read and understand the conditions of use of the Strathfield Central Library as printed on the form separately supplied and undertake to accept and abide by these conditions. Privacy Statement: Personal details requested on this form are being collected and will only be used for the purpose of processing your application. The supply of information by you is voluntary. If you cannot provide or do not wish to provide the information sought, the Council may not be able to process your application. Access to the information is restricted to Council officers and other authorised people. You may make application for access or amendment to information held by Council. You may also request Council to suppress your personal information from a public register.

Signed: _____

Date: _____

| | | |
|----------------------------------|------------------------------|-----------------------------|
| Office useonly | | |
| HIRE FEES: \$ | SECURITY: \$ | KEY DEPOSIT: \$ |
| RECEIPT NUMBER: | DATE PAID: | |
| PROOF OF STATUS ATTACHED: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| PROOF OF INCORPORATION ATTACHED: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| PROOF OF INSURANCE ATTACHED: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |