|  |  |
| --- | --- |
| **Name of Hirer:** |  |
| **Address of Hirer:** |  |
| **Contact Number:** |  |
| **Email Address:** |  |
| *Please provide details of contact person if different from above* | |
| **Name / Address / Contact Number / Email Address:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Purpose of Hire:** | |  | | | | | |
| **Attendees:** | Total Number of Attendees: | |  | Number of Adults: |  | Number of Children: |  |
| **SINGLE BOOKING** | Date of Booking: | |  | Start Time: |  | End Time: |  |
| **BLOCK BOOKINGS** | Frequency / Days | |  | | | | |
| Start Date: | |  | | | Start Time: |  |
| End Date: | |  | | | End Time: |  |
| *Booking times must allow sufficient time for preparation and clearing away before & after the event* | | | | | | | |

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| --- | --- | --- | --- |
| **School Location:** |  | | |
| **Facility Required:** |  | | |
| **Equipment Required:** |  | | |
|  | | | |
| **Other Arrangements:** |  | | |
|  | | | |
| *The trust does not provide any warranty that the premises, facilities, and equipment are suitable for the intended purpose of the hire. The hirer is required to satisfy themselves that their requirements are met, and the facilities are fit for purpose.* | | | |
| Will refreshments be served? | | Yes 1 | No 1 |
| Will alcohol be consumed? | | Yes 1 | No 1 |
| If yes, will the alcohol be served or sold? | | Yes 1 | No 1 |
| *If permitted by the Trust, the relevant license must be obtained for all events that will involve the sale of alcohol, gambling, and public entertainment. Please contact the local licensing authority.* | | | |
| I have read and accept the terms and conditions and confirm that I am over the age of 18.  I hereby apply for the use of the accommodation and facilities stated, and, if my application is approved, I will ensure payment in advance of the charges due and comply with the conditions which I have read.  I confirm that I have been given a copy of the Trusts’ own Child Protection Policies and Guidelines and will make myself and all other users within my jurisdiction aware of the procedures to be followed in the event of a fire or other emergency evacuation.  I confirm that I understand the responsibilities I have related to insurance as set out in section 10 to 13, 27c and 28 of the terms and conditions. | | | |
| **Signed (Hirer):** | |  | |
| **Full Name (Hirer):** | |  | |
| **Date:** | |  | |

**Trust Approval:**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Job Title:** |  |
| **Signed:** |  |
| **Date:** |  |