135 Rusden Street PO Box 75A Armidale NSW 2350 P: 1300 136 833 council@armidale.nsw.gov.au ABN 39 642 954 203



www.armidaleregional.nsw.gov.au

USE OF CIVIC ADMINISTRATION BUILDING FACILITIES 2023/2024

(Council Chambers, Committee Room, Function Room, Councilors Meeting Room, DCU Meeting Room and Digital Learning Centre)

1. Information

Privacy and Personal Information Protection Notice (S.10 PPIP Act 1998)

Your information will be stored and used by Armidale Regional Council only for the purposes of liaising with you regarding your intended use of Council's facilities. The provision of information is voluntary; however failure to provide requested details may result in your application to use Council facilities declined.

Notes:

- a) The completed form is to be lodged with Council at least 14 days prior to the event.
- b) Use of facility is subject to availability and compliance with the standard Conditions of Use.
- c) Any and all charges for use of Council Facilities are to be paid 7 days prior to the event.
- d) Applicant complete items 2-10 inclusive.

2. Applicant's Information

Name	Company/Organisation (if applicable)				
Address					
Town/City	State	Postcode			
Email Address	Telephone	Mobile			
	,				
3. Function Details					
Name/Type of event:					
Details of event:					
Date/s requested:					
Function start time:	Function end time:				
		g up time after function)			
Set up time:	Shut down time: (Time the room will be v	vacated)			
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ersion 1	1		202		

Please note that smoking is not permitted in any part of the building									
4. Room requested									
Council Chambers (seats up to 35 people theatre style)		Council Chamber (seats up to 50 people)	and Committee room						
Committee Room (seats up to 14 people)		Function Room (seats up to 30 people – ideal for a workshop)							
Councillor's meeting room (seats up to 8 people)		Digital Learning Centre (receipt code A038) (seats up to 20 people – ideal for workshop)							
DCU Meeting Room (seats up to 6 people)									
Number of people attending:									
5. Requirements									
☐ Laptop ☐ Flip Chart		Screen	☐ Data projector						
■ White board									
6. Catering									
Please note: All catering is to be organised by the Hirer.									
7. Special Requirements									
·									
8. Fees and Charges									
	Per Hour	Per Day	Minimum Charge						
Council Chambers	\$34.00								
Council Chambers and Committee Room	\$41.00								
Committee Room	\$22.00								
Function Room	\$34.00								
Councillor's Meeting Room	\$22.00								
Digital Learning Centre	\$38.00								
Digital Learning Centre I.T. Support	\$99.00								
DCU Meeting Room	\$22.00								
Data Projector		\$247.00							
Laptop		\$86.00 Per Day. On site only							
Teleconferencing Facilities \$110			0.00 Per Day. On site only						
TOTAL FEES AND CHARGE: (As confirmed by Car	etakers)		\$						

PAYMENT OPTIONS

Payment amount must be verified by caretakers and may be made at Council customer services desk by cash, cheque or eftpos or by sending a cheque to: Armidale Regional Council, PO Box 75A, Armidale NSW 2350 – Please quote receipt code A049 to cashier.

Please ensure you forward a copy of your receipt to the caretakers so your booking can be approved.

9. Declara	ntion								
I hereby certif Conditions of understand th the Hirer of th	Hire for the Cathe the Cathe	AB facilit	ties and agr considered	ree to comp confirmed	oly by the until all c	conditior harges are	ns as detailed e paid and I u	therein. I Inderstand	
Name:									
Signature:							Date:		
10. Insuran	ce Details								
A current Public	c Liability Insur	ance poli	cy is compul	sory for con	nmercial ty	/pe functio	ons.		
Name of Insuran	ce Company:								
Sum Insured (mi	nimum \$10,000	,000):							
Policy Number:						Expiry Dat	te:		
Has the Policy be	een endorsed to	cover god	ods sold and s	supplied?		YES / NO			
			Council	USE ONL	Υ				
Hire Charge	\$		Amount	Paid \$		Re	eceipt Code C	AB – A049	
Receipt Code Digita	al Centre –	A038		Insurance	Certificate	e attached	YES□	по□	
Facility inspected	following eve	nt	YES□	по□	Inspecte	d by:	1		
Caretaker Notified			YES□	по□	Caretake	ers name:			
Booking Entry Date						R	Record scanned int	io TRIM	
/ / 20			TRII	M FOLDER	_				
Name of processing	officer		App	olicant advised	d of outcome	• R	Records stamp		
			YES	s 🗖	NO				
Date Approved			KEY	'S ISSUED (if a	pplicable)				
			YES	s 🗖	NO				
	Project	number	- 241000).1.1450.1	65.1370) (Incom	e)		