

USE OF CIVIC ADMINISTRATION BUILDING FACILITIES 2022/2023

(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:

- The completed form is to be lodged with Council at least 14 days prior to the event.
- Use of facility is subject to availability and compliance with the standard Conditions of Use.
- Any and all charges for use of Council Facilities are to be paid 7 days prior to the event.
- 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: (Please allow for cleaning up time after function)
Set up time:	Shut down time: (Time the room will be vacated)

Please note that smoking is not permitted in any part of the building

4. Room requested

<input type="checkbox"/>	Council Chambers (seats up to 35 people theatre style)	<input type="checkbox"/>	Council Chamber and Committee room (seats up to 50 people)
<input type="checkbox"/>	Committee Room (seats up to 14 people)	<input type="checkbox"/>	Function Room (seats up to 30 people – ideal for a workshop)
<input type="checkbox"/>	Councillor’s meeting room (seats up to 8 people)	<input type="checkbox"/>	Digital Learning Centre (receipt code A038) (seats up to 20 people – ideal for workshop)
<input type="checkbox"/>	DCU Meeting Room (seats up to 6 people)	<input type="checkbox"/>	

Number of people attending:

5. Requirements

<input type="checkbox"/>	Laptop	<input type="checkbox"/>	Flip Chart	<input type="checkbox"/>	Screen	<input type="checkbox"/>	Data projector
<input type="checkbox"/>	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	\$31.00		
Council Chambers and Committee Room	\$41.00		
Committee Room	\$20.50		
Function Room	\$31.00		
Councillor’s Meeting Room	\$20.50		
Digital Learning Centre	\$35.00		
Digital Learning Centre I.T. Support	\$92.00		
DCU Meeting Room	\$20.50		
Data Projector		\$230.00	
Laptop		\$80.00 Per Day. On site only	
Teleconferencing Facilities		\$102.50 Per Day. On site only	
TOTAL FEES AND CHARGE: (As confirmed by Caretakers)			\$

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. Declaration			
I hereby certify that the above information provided is correct and I have received a copy of the Conditions of Hire for the CAB facilities and agree to comply by the conditions as detailed therein. I understand that the booking is not considered confirmed until all charges are paid and I understand as the Hirer of the Facility that I am responsible for the safety and wellbeing of the patrons using the room.			
Name:			
Signature:			Date:
10. Insurance Details			
A current Public Liability Insurance policy is compulsory for commercial type functions.			
Name of Insurance Company:			
Sum Insured (minimum \$10,000,000):			
Policy Number:		Expiry Date:	
Has the Policy been endorsed to cover goods sold and supplied?		YES / NO	
Council USE ONLY			
Hire Charge	\$	Amount Paid	\$
Receipt Code CAB – A049			
Receipt Code Digital Centre –	A038	Insurance Certificate attached	YES <input type="checkbox"/> NO <input type="checkbox"/>
Facility inspected following event	YES <input type="checkbox"/> NO <input type="checkbox"/>	Inspected by:	
Caretaker Notified	YES <input type="checkbox"/> NO <input type="checkbox"/>	Caretakers name:	
Booking Entry Date		Record scanned into TRIM	
/ / 20		TRIM FOLDER –	
Name of processing officer		Applicant advised of outcome	Records stamp
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date Approved		KEYS ISSUED (if applicable)	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Project number – 241000.1.1450.165.1370 (Income)			