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



# APPLICATION FOR USE OF TRAFFIC EDUCATION CENTRE FACILITIES 2023-2024 (Skid Pan, Highway Circuit, Motorcycle Training Area, Conference Room, Training Room, Bicycle Area)

### 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 lodged with Council at least 30 days prior to the event.
- b) Use of facility is subject to availability and compliance with standard Conditions of Use.
- c) Any and all charges for use of Council Facilities are to be paid 14 Days prior to the event.
- d) Applicant complete items 2-8 inclusive.

2.	Applicant's Informati	ion								
Nan	Name Company/Organisation (if applicable)									
Add	lress									
Town/City			State	Postcode						
Email Address			Telephone	Mobile						
3.	Facility Requested (P	lease circle	2)							
	Highway Circuit	Skidp	oan – (Water YES/NO)	Motorcycle Area						
	Conference Room		Training Room	Bicycle Area						
4.	4. Details of event									
Name/Type of event:										
Detai	ls of event:									
Detail										
5.	Dates and Times									
Date re	equested:									

Commencement time:			Finish time:						
Set up time:									
Number of people attending:			Special Requirements:						
6. Hire of Traffic Education Centre Rates			(GST inc	lusive)					
Skid pan Highway Circuit				Motorcycle Area					
Per hour	\$39.00	Per hour	\$39.00		Per hour	\$17.00			
Conference Room Training Room				Bicycle Area					
Per hour	\$28.00	Per hour		\$28.00					

### 7. Insurance Details

A current Public Liability Insurance policy is compulsory.

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

## 8. Declaration

I hereby certify that the above information provided is correct and agree to Council's rules and conditions for use of Council's facilities.

Name:

Signature:

PAYMENT OPTIONS													
Payment amount must be verified by caretakers and may be made to Council's cashier by cash, cheque or eftpos at 135 Rusden Street, Armidale or by sending a cheque to: Armidale Regional Council, PO Box 75A, Armidale NSW 2350 – Please quote receipt code A048 to cashier.													
Please ensure you forward a copy of your receipt to the caretakers so your booking can be approved.													
Council USE ONLY													
Hire Charge \$					Amount Paid			\$			Receipt Code – A048		
Account to be forwarded YES NO Insurance Certificate attac						ate attac	hed		YES				
Facility inspected following event YES NO Inspected by:													
Booking Entry Da						Record scanned into TRIM							
/ / 20 TRIM F						ER –							
Name of processing officer				Applicant advised of outcome					Records stamp				
				YE	s 🗖		NO						

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Date:

Date Approved	KE					
	YES		NO 🗖			
Project number – PJ. 241000.1.1450.165.1370 (Income)						