

**USE OF GUYRA CIVIC ADMINISTRATION  
BUILDING FACILITIES 2021/2022**  
(Council Chambers, Committee Room, Interview  
Room)

1. Information		
<b>Privacy and Personal Information Protection Notice (S.10 PPIP Act 1998)</b> <i>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.</i>		
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)
<input type="text"/>		<input type="text"/>
Address		
<input type="text"/>		
Town/City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Telephone	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Function Details		
Name/Type of event:		
<input type="text"/>		
Details of event:		
<input type="text"/>		
Date/s requested:		
<input type="text"/>		
Function start time:	Function end time: (Please allow for cleaning up time after function)	
<input type="text"/>	<input type="text"/>	
Set up time:	Shut down time: (Time the room will be vacated)	
<input type="text"/>	<input type="text"/>	

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

#### 4. Room requested

<input type="checkbox"/>	<b>Council Chambers</b> (seats up to 25 people theatre style)	<input type="checkbox"/>	<b>Committee Room</b> (seats up to 8 people)
<input type="checkbox"/>	<b>Interview Room</b> (seats up to 3 people)	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<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
<b>Council Chambers</b>	\$35.00		
<b>Committee Room</b>	\$35.00		
<b>Interview Room</b>	\$0.00		
<b>Teleconferencing Facilities (IT Support)</b>	\$100.00		

TOTAL FEES AND CHARGE: (As confirmed by Caretakers)

\$

#### 9. 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**

**10. Declaration**

I hereby certify that the above information provided is correct and I have received a copy of the Conditions of Hire for the Guyra 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 well being of the patrons using the room.

Name:

Signature:

Date:

**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.

**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)**