

APPLICATION FOR USE OF COLLEGE PREMISES



NAME OF HIRER (BLOCK LETTERS)	
TELEPHONE DETAILS	Daytime: Evening: Mobile:
PURPOSE OF HIRE:	

ACCOMMODATION <i>(Use separate sheet for details if required)</i>	ALLOW ENOUGH TIME FOR SETTING UP/DISMANTLING		
	DATE(S)	START TIME	FINISH TIME
THEATRE STAGE LIGHTING YES/NO* <i>(delete as applicable)</i> <i>See para 22 in Conditions of Hire</i>			
RESTAURANT			
KITCHEN			
CLASSROOM(S) NUMBER REQUIRED			
OTHER AREAS E.G. PLAYING FIELD/PITCH ETC PLEASE GIVE DETAILS			

IS HEATING REQUIRED?

YES/NO* *(delete as applicable)*

OTHER DETAILS (E.G. NO. CHAIRS/TABLES, MUSICAL INSTRUMENT HIRE, AUDIO-VISUAL AIDS, ANY OTHER ACCOMMODATION)

P.T.O. for details of function.

PLEASE RETURN COMPLETED FORM TO:

Murray Higgs, Head of Facilities and Estates
SEEVIC COLLEGE, RUNNYMEDE CHASE, BENFLEET, ESSEX. SS7 1TW.
OR FAX 01268 565515

DETAILS OF FUNCTION

NATURE

Please tick appropriate box

Public	<input type="checkbox"/>		
Private	<input type="checkbox"/>		
		YES	NO
Will there be - Admission Charge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Singing/music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrestling/boxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A cinema exhibition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dancing by performers or public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A theatrical performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumption of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Give details of any proposed action or performance involving scenery, decorations, real flame, smoke or smoking, pyrotechnics or fireworks, pulsing lights (stroboscopes), lasers, firearms or any potentially hazardous actions on apparatus, animals, vehicles or aircraft.

Continue elsewhere as required

If hiring will involve sporting or gymnastic activities, please print the name and qualification of the person in charge.

Name: _____ Qualifications: _____

PROCEEDS

- (a) State purpose to which proceeds will be applied i.e. name of charity. _____
(b) Will a personal profit be made _____

YOUTH ORGANISATIONS

In the case of Scouts, Girl Guides and approved voluntary youth organisation, please state:

Total number on roll _____ Number under 16 years _____

DECLARATION

I, on behalf of _____ hereby apply for the use of the accommodation and facilities stated, and if my application is approved, will ensure payment in advance of the charges due and comply with the terms & conditions of hire which I have read.

The total cost of the Hiring is

£

NAME: _____

ADDRESS: _____

SIGNATURE OF APPLICANT _____ DATE _____

N.B Attention is particularly drawn to points 9 and 11 of the conditions of Hire of School of School Playing Fields and Premises attached. If the application is granted, INSURANCE AGAINST RESPONSIBILITIES IS STRONGLY ADVISED. In addition, condition 24 requires the hirer to ensure compliance with the "Conditions of Licence" relating to the use of the premises for any function requiring a licence under one or more of the statutes mentioned.