# Libraries ACT logo

# Room Hire Application

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| **By submitting this application form you are confirming that you have read and understood the Libraries ACT Learning Facilities hire policy and conditions of use.** |

## 1: Hirer Details

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| --- | --- | --- | --- |
| **Date:** |  | Library Membership No (if applicable): |  |
| **First name:** |  | Last name: |  |
| **Organisation:** |  | Email: |  |
| **Preferred business hours contact phone number** |  | Mailing Address: |  |
| **ABN (if applicable):** |  | | |

## 2: Event Details

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| --- | --- |
| **Name of Event** |  |
| **User Category (Commercial, Not for Profit, Government, Education, Community Group, Private Study)** |  |
| **Does this event result in a learning outcome (yes/no)?** |  |
| **Please give a brief description of how the event results in a learning outcome (if applicable).** |  |
| **Date(s) of event (for recurring events please list all required dates)** |  |
| **Start time** |  |
| **Finish time** |  |
| **Contact telephone number for day of event** |  |
| **Delegate(s) contact details** |  |

## 3: Venue Details

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| --- | --- |
| **Community Room Location (Please see community room details sheet)** |  |
| **Expected number of participants** |  |
| **Room Category (Please community room details sheet)** |  |

## 4: Declaration (to be signed by the person making the application)

Please tick each item to confirm acceptance:

|  |  |
| --- | --- |
| I am authorised by the above organisation to make a booking on its behalf (if applicable). |  |
| I have read, understood, and agree to the Libraries ACT Learning Facilities hire policy and conditions of use and will comply with all the requirements outlined. |  |
| This includes my assurance that the use of the facility:   * Will not be used for private parties/functions * Any Hot food and/or alcohol is only by negotiation for selected venues |  |
| I agree to pay the specified fee to hire the room according to the current policy fees and charges. |  |
| I agree to pay for any penalty charges including those associated with security call-out or cleaning. |  |
| I understand that this application is not confirmed until applicable insurance details have been received and that Libraries ACT reserves the right to terminate bookings at any time without notice. |  |

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| Signature |  | Date |  |