# NMD_Nletter_header.png

# **Community Facilities Booking Application Form – for CASUAL Bookings**

# **1 SEPTEMBER 2024 TO 31 AUGUST 2025**

This form is used to book Newry, Mourne and Down District Council Community Facilities for **CASUAL BOOKINGS**. Additional information may be required depending on the nature of the booking. The act of submitting a form **does not** automatically guarantee the requested facilities will be allocated to you. If all is satisfactory, your booking will be confirmed by E-Mail.

**ALL COMPLETED FORMS AND DOCUMENTATION SHOULD BE E-MAILED TO**

**ccbookings@nmandd.org**

|  |  |
| --- | --- |
| Name of Person / Group /Organisation |  |
| Name of Facility you wish to Book |  |
| Event or Proposed Use |  |
| **If your request is unavailable, you will be contacted to discuss alternatives – please ensure you add a contact telephone number on next page** |
| CASUAL BOOKING  |
| **Day** | **Date** | **Facilities Required**(eg Main Hall, Multi-Purpose Room, Meeting Room, Training Room, Bleach Green Pitch, Car Park, etc) | **Times** **From – To**(to include set-up and clear-up times) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Estimated number of Participants and Spectators? |  |

|  |
| --- |
| Equipment Requirements |
| How many Chairs required? |  | How many Tables required? |  |
| Projector required? | YES / NO | PA System required? | YES / NO |
| Flasks Hot Water required? | YES / NO | How many cups required? |  |
| **YOU WILL HAVE TO SUPPLY YOUR OWN TEA/COFFEE/MILK/REFRESHMENTS** |
| Please state any other equipment required or room layout:- |

|  |
| --- |
| **Payment by Invoice ONLY** |
| **Invoice Address**Please provide the name, address and contact number you would like your invoice sent to (for Club bookings please state the name of Club Treasurer) |  |

**General Information**

* All hirers must abide by the Council’s Conditions of Hire for Use of Council Facilities, see **Appendix 1**. It is the hirer’s responsibility to ensure they have read and understand these Conditions
* You are strongly advised to carry out Access NI vetting checks on prospective employees and volunteers whose normal duties include teaching, training, care, supervision, advice or transportation of children and vulnerable adults. You will commit an offence if you knowingly employ a disqualified person to work/supervise children and/or vulnerable adults. As part of your booking you may be required to submit a recent Access NI check(s) for our records
* As part of the Conditions of Hire for Use of Council Facilities, you will be required to submit a copy of your Public Liability Insurance, see **Appendix 2** for Insurance thresholds and **completion of relevant details**
* If coaching/instruction is given throughout the booking, you will be required to produce a recognised coaching qualification, see **15.3** of **Conditions of Hire for Use of Council Facilities (Appendix 1)**
* Please let us know if you, a member or members of your group have a disability or special needs which may affect your/their ability to evacuate the premises. This can be done by informing reception on your arrival

|  |  |  |
| --- | --- | --- |
| **Declaration – Please tick as appropriate** | **Yes** | **No** |
| I have read the Council’s Conditions of Hire for Use of Council Facilities and will ensure my Group, Club and Organisation adhere to the terms and conditions of use set out  |  |  |
| I have read and understand my safeguarding responsibilities (see Section 15 of Conditions of Hire) and submitted a recent Access NI check(s) as required |  |  |
| I have submitted a copy of my own, Group, Club or Organisations Public Liability Insurance as required |  |  |
| I have submitted coaching/instruction qualifications where required |  |  |
| I will record details of those Participants and Spectators in attendance for the purpose of Fire Safety procedures |  |  |
| I acknowledge that this is merely an application for use and will not assume the facilities have been booked until I receive confirmation by E-Mail |  |  |
| Name |  | Signature |  |
| Address  |  | Position within Group/ Organisation |  |
| Postcode |  | Contact Tel Number(s) | Day | Evening |
| E-Mail |  | Date |  |
| **For Office Use Only** |
| Date and Time Received |  | Received By |  |
| All documentation received – Booking Form / Insurance / Qualifications  | YES / NO |
| Outstanding documentation required –Date e-mailed –Date returned –  |