**APPENDIX 1 – APPLICATION FOR HIRE OF SCHOOL PREMISES**

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| **APPLICATION FOR HIRE OF SCHOOL PREMISES** | |
| **Name of Group/Society/Club** |  |
| **Name of person completing the form:** |  |
| **Contact Address** |  |
| **Telephone Number: (Day)**  **(Evening)** |  |
| **Email address:** |  |
| **Position within organisation:** |  |
| **BILLING INFORMATION** | |
| **Name of person in you to whom the invoice should be addressed** |  |
| **Billing address:** |  |
| **Telephone Number: (Day)**  **(Evening)** |  |
| **Email address:** |  |

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| **Please describe the main activities of your Group/Society/Club** | | | |
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| **Please indicate the number and age ranges of participants attending the activity** | | | |
| **Young people under the age of 16** |  | **Adults** |  |

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| **Please indication which area/rooms are required** | | | |
| **Sports Hall** |  | **ICT Suite** |  |
| **Community Kitchen** |  | **Community Classroom** |  |
| **Conference Room** |  | **Car Park** |  |
| **Playground** |  | **Common Room** |  |

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| **LETTING DETAILS** | | | | | | |
| **Single letting** |  | **Term time only** |  | **All through the year** | |  |
| **Date required** | | **Days/Weeks required** | | **Start Time** | **End Time** | |
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| **IT REQUIREMENTS** |
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| **CATERING REQUIREMENTS** |
| The school is able to offer catering options (subject to availability). Please see Catering options form or for further details contact Nicky Henson (Catering Manager) on 0116 2298137 or nhenson@childrenshospitalschool.leicester.sch.uk |

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| **DECLARATION TO BE COMPLETED BY THE HIRER** |
| I am applying to hire The Children’s Hospital School’s facilities as detailed above and understand that by signing this application I am agreeing to abide by the school’s **Conditions of letting**, **Code of Conduct** and **Fire Procedures.**  I understand that this application is subject to approval by The Children’s Hospital School’s administration and Governing Body and that our group will be responsible for all damages, losses, claims and costs arising out of the use of the premises and shall indemnify the school and the Governors for any claims arising from accidents (whether fatal or otherwise) to any employee or agent of the school, to any member of the public and to any third parties, caused as a result of the hiring, except where due to the negligence of the school.  I certify that the information given in this application is to the best of my knowledge, true and accurate. I/we undertake to pay all charges applicable to our usage of The Children’s Hospital School within 28 days of receipt of an invoice. |
| **Signed: …………………………………………………………… Date: ………………………………..**  **Print Name: ………………………………………………………………………………..** |

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| **OFFICIAL USE ONLY** | | | |
| Date application received: |  | By Whom/ Date |  |
| Booking added to diary |  | By Whom/Date |  |
| Date confirmation of booking sent: |  | By Whom/Date |  |