

APPLICATION FOR HIRE OF SCHOOL PREMISES	
Name of Group/Society/Club	
Name of person completing the form: (Principal hirer)	
Contact Address	
Telephone Number: (Day) (Evening)	
Email address:	
Position within organisation:	
Does the hirer have Public Liability Insurance ?	
Has the hirer Risk Assessed the activity or event ?	

Please describe the main activities of your Group/Society/Club			
Please indicate the number and age ranges of participants attending the activity			
Young people under the age of 16		Adults	
Please indication which area/rooms are required			
Sports Hall		ICT Suite	
Classroom		Playground	
Community Kitchen		Breakout Area	
Car Parking			
Single letting		Term time only	

Date required	Days/Weeks required	Start Time	End Time

IT REQUIREMENTS

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CATERING REQUIREMENTS

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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 I 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 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:

OFFICIAL USE ONLY

Date application received:		By Whom/ Date	
Booking added to diary		By Whom/Date	
Date confirmation of booking sent:		By Whom/Date	