

# My Place room hire application form

*Rooms hire at My Place is available to community organisations and groups who support or deliver services/programs to young people 12-24yrs in the Cardinia Shire. The program space and rooms are not available to deliver activities to community members outside of this target group.*

*Cardinia Shire Council have alternative spaces available to deliver activities and services to the wider community.*

*Please note that the My Place room hire rates are adjusted on an annual basis. Invoicing will reflect the annual increase from 1 July each year.*

*As per our terms and conditions, hirers need to provide a copy of their own Public Liability Insurance Policy.*

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| **Hirer details** | | | | | | | | | | | | | | |
| Company |  | | | | | | | | | | | | | |
| Primary contact |  | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | |
|  | | | | | | | | | | Postcode | |  | | |
| Telephone (business) | | |  | | | | | | Mobile |  | | | | |
| Email address | | |  | | | | | | | | | | | |
| Working With Children Check Number  Expiry Date | | |  | | | | | | | | | | | |
| **Booking details** | | | | | | | | | | | | | | |
| Title of booking (program name) | | | | |  | | | | | | | | | |
| Names of ALL attending program | | | | |  | | | | | | | | | |
| Casual booking | □ Yes □ No | | | | | | Ongoing booking (six or more consecutive) | | | | | | □ Yes □ No | |
| Day and date/s of booking | | | |  | | | | | | | | | | |
| Booking start time | |  | | | | Booking end time | |  | | | Booking cost | | |  |
| Room required | | Consulting room □ | | | | Meeting room □ | | Program room □ | | | Internet café □ | | | Church 󠆙󠆙 |

 I have read the My Place Terms and Conditions of Hire and agree to abide by all of the conditions.

 I accept responsible for the key allocated to me by the Cardinia Shire Council and if it is lost, misplaced or not returned, agree to pay a fee of $50.00

**Child Safety Declaration**

My Place is a child safe environment. Cardinia Shire Council actively promotes the safety and wellbeing of all children and young people and are committed to protecting them from abuse or harm within our services/facilities. Therefore it is imperative that all adult service providers, volunteers, contractors and/or students understand and adhere to the following;

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am aware of the requirement that all staff, volunteers, contractors and/or students coming to My Place who are over the age of 18 years must hold a current Working with Children’s Check (WWCC) pursuant to the *Working With Children Act 2005 (the Act)* and have it visible at all times while on Council property.

 I, ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am aware that a copy (back and front) of the Working With Children Check is to be provided to the My Place Business Support Officer prior to commencing work or visiting My Place Youth Facility. Working with Children Check will only be accessible to My Place Business Support Officers and Council Management.

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understood the Cardinia Shire Council Child Safe Code of Conduct and agree to adhere to the Child Safe principles and expectations for appropriate behaviour towards and in the company of children and immediately report any breach of this code to Emma Firth, Team Leader Youth Services (Child Safe Advisor) by calling 0408 564 528.

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (manager of service) will ensure that any breaches/suspected breaches of the *Act* by staff who attend either regularly or periodically My Place Youth Facility are reported to Emma Firth, Team Leader Youth Services (Child Safe Advisor) within 24 hours by calling 0408 564 528 I understand that the staff members access pass will be immediately deactivated and should they come on site will be asked to immediately leave in order to protect the safety of young people.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name and position title | | |  | | | | Date | |  | |
| Signature | | |  | | | |  | |  | |
| **Office use only** | | | | | | | | | | |
| Hire fee |  | | | Public liability copy | |  Yes  No | | WWCC Provided | |  Yes  No |
| Key/cleaning bond $50.00 | | | | |  Yes  No | Date entered | |  | | |
| Booking entered in calendar by (print name) | | | | | |  | | | | |
| Comments | |  | | | | | | | | |