**Block Booking Application Form**

Alyth Halls Committee (Charity number: SCO 171148)

Ogilvie Rooms, Commercial Street, Alyth

Alyth Town Hall, Albert Street Alyth.

alythhalls.org

**Section 1**

|  |  |
| --- | --- |
| **Name of Club/Organisation/Applicant** |  |
| **Name and Address of Applicant** | **Postcode:** |
| **Event Type** |  |
| **Number Attending** |  |
| **Mobile Number** |  |
| **Telephone Number** |  |
| **Email** |  |

|  |  |  |
| --- | --- | --- |
| **Areas Required** | **Maximum Numbers** | **Please Tick** |
| **Ogilvie Rooms** |  |  |
| **Alyth Town Hall (whole building)** |  |  |
| **The Grand Hall** |  |  |
| **The Lesser Hall** |  |  |
| **The Kitchen** |  |  |
| **The Lower Hall** |  |  |
| **Purpose of Use/Activity** |  |  |

**Section 2 – Block Booking**

|  |  |
| --- | --- |
| **Block 1 July - September** | **Block 2 October - December** |
| Date(s) | Date(s) |
| Day(s) | Day(s) |
| Time(s) | Time(s) |
|  |  |
| Block 3 January - March | Block 4 April – June |
| Date(s) | Date(s) |
| Day(s) | Day(s) |
| Time(s) | Time(s) |

**Note: all changes to time/dates must be made 14 days in advance, Failure to do so will incur a charge**

**Section 3**

Public Liability Insurance cover is required by all clubs, organisations and individuals who may, by their actions or omissions, cause others harm whilst in the building. Proof of cover is required at all times.

|  |  |
| --- | --- |
| A copy of our insurance certificate is enclosed |  |
| A copy of our insurance certificate has been sent previously and is still valid |  |

**Section 4**

**If the activity is being run by a tutor or coach, please provide the following information:**

|  |  |
| --- | --- |
| **Name** |  |
| **Mobile No** |  |
| **Phone No** |  |
| **Email Address** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the person in charge of the hire hold a valid Tutor/Leader qualification certificate? | Yes |  | No |  |
| Are you an individual/ Organisation working with children under 18 years of age? | Yes |  | No |  |
| Do all people doing regulated work with children have PVG Scheme membership? | Yes |  | No |  |
| Does the group operate an approved policy and procedure of care and protection of young people under the age of 18? | Yes |  | No |  |
| If you are a sports club or organisation, do you hold a national Governing Body accreditation award? |  |  |  |  |

If so, please stare the details:

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Estimated Number of Participants | Adult (over 18) |  | Junior (under 18) |  |
| Is the individual/group profit making | Yes |  | No |  |

**SECTION 5 - PAT(Portable appliance testing)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you plan to bring your own electrical equipment? | Yes |  | No |  |
| Do you hold a valid PAT Certificate? (Information on PAT Certification can be obtained from the British standards institute) | Yes |  | No |  |

**SECTION 6 - Use of Kitchen**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you need access to kitchen facilities? | Yes |  | No |  |
| If you plan on using the kitchen and will be tutoring, do you hold a valid food hygiene certificate? | Yes |  | No |  |

In hiring this kitchen, you agree that the personnel who will be involved in food handling are appropriately trained and/or supervised to carry out safe food procedures and that in addition you will operate an appropriate private food safety management system.

|  |  |
| --- | --- |
| Please tick if you prefer to receive booking correspondence &/or invoices by email |  |

**Declaration**

|  |  |
| --- | --- |
| Please tick this box to say that you have read the Conditions of Let, especially the stewarding section |  |

I agree to be bound by the conditions of the let & hire charges schedule issued to me and I agree that the delivery of the confirmation of let will be a binding acceptance of this booking.

**Data Protection**

The information provided by you will be used solely in processing your booking application. In terms of the Data Protection Act 1998. You are entitled to know what personal information is held about you on payment of a fee of £10

Applications should be made to the Secretary of the Alyth Halls Committee.

**Declaration: I authorise the use of my personal information for the above purpose.**

**Signed…………………………………………… Date………………………**

|  |  |
| --- | --- |
| **Alyth Town Hall**  Hall Keeper and Booking Co-ordinator:  **Jock Manson**  Caretaker’s House  Town Hall, Victoria Street  Alyth PH11 8AU  Tel: 07716 111322  Email: bookings@alythhalls.org | **Ogilvie Rooms**  Hall Keeper and Booking Co-ordinator:  **Tina Tripney**  Rosebank Cottage  Meigle Road  Alyth PH11 8EU  Tel: 01828 633337 |

**Stewarding**

The conditions of let gives information with regard to stewarding. Failure to comply with this information will lead to the event being cancelled. The main responsibilities of stewards include:

* Ensuring compliance with Alyth Halls Committee’s no smoking policy
* Monitoring the fire exits
* Clearing any spillage or hazards to avoid accident, injury or inconvenience
* Monitoring the toilets for damage and cleanliness
* Ensuring the building is evacuated in the event of the fire alarm being activated

**PLEASE RETURN FORM TO RELEVANT HALL KEEPER**

**……………………………………………………………………………………………..**

**FOR OFFICAL USE – CONFORMATION OF BOOKING**

Charges applicable to this booking are as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hall/Area | Times | Duration | Rate | Charge |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Date Received ………………………………………………

Date Confirmed ……………………………………………

Additional Cleaning (if applicable) ……………………………………

Signed ………………………………………………