



## **Barkly Square Booking Application Form**

Thank you for your interest in using our facilities at *Barkly Square*. Please complete this Booking Application Form and email to <a href="mailtobookings@barklysquare.org.au">bookings@barklysquare.org.au</a>. This must be received well in advance of your requested booking date. Please read the *Barkly Square* Terms & Conditions of Hire before completing this application.

APPLICANT DETAILS						
Individual, group or organisation r	ame					
Address						
ABN (if applicable)						
Primary Booking Contact	Name	e:				
	Emai	Email:				
	Tel:	Tel:				
Contact for invoicing	Name	Name:				
	Email	:				
	Tel:					
Individual, group or organisation s	tatus 🗆 N	ot-for-p	rofit or a registered c	harity (ACNC Registo	ered)	
	☐ Pi	ivate o	or commercial organ	nisation, or sole tra	ader	
SUPPORTING DOCUMENTATION	V					
I have Public Liability Insurance (to value of \$20 million)	O D Ye	S	□ No			
BOOKING DETAILS						
Date & Time (Select the date from the drop down calendar)	Access to bu (hh: mm am/pr	_	Event Start Time (hh: mm am/pm)	Event End Time (hh: mm am/pm)	Building Exit Time (hh: mm am/pm)	
Notes: For additional dates and multiple venue bookings specify here as which venue is booked for which date						
Expected Attendees (approx)	Adults:			Children:		
Document Name: Barkly Square Booking Application			Version: 2.2			
Created by: Operations and Facilities Manager Reviewed by:			Creation Date: 21/10/2021  Review Completion Date: 27/06/2023			
Approved by: CEO  Note: This document is <i>uncontrolled</i> when downloaded or printed.			to the Policy Drive for the	Next Revision Date: 2	27/06/2024 Page 1	





Event Name		·		
A brief description of the event (e.g. meeting, workshop, exhibition, birthday party, AGM, other)				
Venue Hired, Select one (If multiple venues are booked, please specify in the notes below which venue is booked for which date	Community Hall (Ground level Heritage building)	Atrium (Ground level)	Courtyard (Ground level)	Lecture Theatre (Ground level)
	Training Room (Ground level & level one)	Meeting room (ground level)		Art Space (ground level)
Hire type (Select one)	O Casual Booking (one-off event)		O Mult	iple Bookings

ADDITIONAL RESOURCES (AVAILABLE AT COST)			
Resources	Cost	Quantity Requested	
TV	\$ 20 ea		
Lectern	\$ 0		
Urn with tea & coffee	\$ 2.50 pp		





## **Room Hire Questionnaire**

	What type of training or event will be conducted in the room?	
Purpose and Usage	Will you need any specific room configuration or layout? (Return chairs & tables to their original positions)	
	Are you familiar with our emergency evacuation procedures and exits?	
	Do any of your attendees have specific accessibility needs we should be aware of?	
Work Health & Safety (WHS)	Will you be conducting any activities that could pose a safety risk (use of chemicals or hazardous materials, equipment etc)?	
Salety (WIIS)	Are you, trainers or staff trained in basic WHS procedures, including first aid?	
	Do you require a WHS induction for your staff and attendees before the event?	
	Will you be bringing any equipment that requires special safety considerations?	
	Will you need assistance with setting up any AV equipment or technology?	
Technology and Equipment	Are there any specific technical requirements (software, internet bandwidth etc) for your training?	
	Do you need a brief on the safe use of the provided equipment?	
Security and Access	Do you require additional security measures for your event?	
Classic and	Will you need extra cleaning services during or after your event?	
Cleaning and Maintenance	Are there any special sanitisation or hygiene requirements for your event (or after your event)?	
	Do you have current public liability insurance coverage for your event?	
Insurance and Liability	How will you handle any accidental damage to the premises or equipment?	

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iative of BGT Jobs & Training						
Additional Services and Amenities	Will you need cater have any dietary re (BGT do not supply Do you require any breakout rooms or Are you planning to (caterers, technicia briefed on our WHS	equirements to concatering)  additional aments areas?  ouse any externing etc), and have	nities, such as al contractors e they been			
DECLARATION I	BY APPLICANT					
including respo	d understood my insibilities as outline	ed in the Term	s & Conditions	s of Hire	_	
NAME						
DATE		SIGNATURE				
OFFICE USE ONLY						

BOOKING CONFIRMATION				
Booking confirmed in calendar	☐ YES	□ NO	□ NA	
Booking form attached with notes	☐ YES	$\square$ NO	□ NA	
Confirmation email sent to client	☐ YES	$\square$ NO	□ NA	
Invoicing - Added to Rooms to invoice spreadsheet.	☐ YES	□ NO	□ NA	
- Created draft invoice in Xero	☐ YES	$\square$ NO	□ NA	
- Emailed accounts with booking info & draft invoice details	☐ YES	□ NO	□ NA	
- Total cost				
Notes				

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