St. Catherine's Catholic School



Watling Street, Bexleyheath, Kent, DA6 7QJ

Tel: 01322 556333

Head Teacher: Yvonne Connolly Business and Finance Manager: Lisa Ebers

Email: lettings@stccq.co.uk

Premises Manager: Gino Carrano

LETTINGS CONTRACT

Before completing this application form, a site visit must be undertaken by the applicant and it is the applicant's responsibility to read and sign the enclosed 'Lettings/Hire of Facilities: Condition of Hire guidelines' to confirm adherence to the requirements of the School regarding use of the School's premises. In addition, the applicant must enclose a copy of the organisation's public liability insurance document and any other document at the request of the Academy Trust.

1) ORGANISATION

Post Code

2) APPLICANT'S DETAILS

Name of Applicant	
Position held in Organisation	
Applicant's Address	Do at Code
	Post Code
Telephone Number	Day time:
	Evening:

3) NATURE OF FUNCTION Please state purpose of function b) Is the function for: Single Use Regular Use c) Please complete below as appropriate: i) Single use ii) Regular Use Day(s): Day(s): Date From: Date From: Date To: Date To: Time Required: Time(s) Required: From: From: To: To: 4) FACILITIES REQUIRED ICT Room: Classroom: How many rooms will be a) Sports Hall: Gymnasium: required & for which dates Dining/Assembly Hall: Library: (attach details)? Pitches/Grounds: Conference Room: How many people will be b) Adults: Children (under age of 12): attending (max. numbers)? If 'Yes', please give particulars Will a charge be made for c) Yes / No admission to the event? d) Will the function include public Yes / No entertainment? Will alcohol be served or sold e) Yes / No at the event? Do you require f) Yes / No furniture/equipment, e.g. tables, chairs, media equipment? Do you require this furniture to g) Yes / No be moved by the School?

(If 'Yes', a charge will be

made)

5) DECLARATION

I hereby apply for the use of accommodation as stated on this application form. I undertake for and on behalf of the organisation that if permission is granted by St Catherine's Catholic School, the organisation will comply with the terms and conditions of the letting to which that permission will be subject, which terms and conditions I have received a copy and read.

Please find enclosed, where appropriate, proof of public liability insurance and any other documents required.

I declare that I am 21 years of age or over and undertake that the letting(s) will be under adult supervision throughout.

Nan	e of Applicant (please print):			
Sigr	ature of Applicant:			
Date	¢			
Office Use Only:				
1)	Is the Form complete ?: Yes No If 'No' why:			
2)	Does the function meet the School's guidelines? : Yes No If 'No' why:			
3)	Has a site visit been undertaken by the applicant?: If 'Yes' when, if 'No' why:			
4)	Cost of Hire: Facility: Staff: Other:			
5)	Application form approved: Name: (PRINT)			
	Signed:			
	Date:			
6)	Letter confirming approval/refusal: Date:			
7)	Invoice Raised: Amount (£): Date:			