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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Applicant/Group/Organisation: | |  | | | | | |
| Address of organisation: | |  | | | | | |
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|  | | | | | |
|  | | | | | |
| Telephone Number: | |  | | | | | |
| Email Address: | |  | | | | | |
| Activity of Organisation: | |  | | | | | |
| Details of facilities requested  (Hall, Dance Studio etc) | |  | | | | | |
| Date: |  | **Start Time:** | |  | | **Finish Time:** |  |
| (please allow time for your preparation and clearing up) | | | | | | | |
| Use of School Equipment  (please specify your request: e.g. Tables, Chairs) | | |  | | | | |
| Details of any equipment to be brought in | | |  | | | | |
| Max No. of Participants: | | |  | | **Age Range of Participants:** | |  |
| No. of Supervising Adults: | | |  | | | | |
| Relevant Qualifications of Adults: | | |  | | | | |
| Where relevant have DBS checks been carried out? When? By Whom? Please list details below: | | | | | | | |
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| Name of Hirer (please print) |  |
| Signature of Hirer |  |
| Date: |  |