**APPLICATION TO HIRE**

**BOOKING FORM FOR LETTINGS AT LITTLE ILFORD SCHOOL**

(Please use BLOCK CAPITALS)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Hirer: (*company*) | | |  | | | | | | | | |
| Contact name: | | |  | | | | | | | | |
| Address of Hirer: |  | | | | | | | | | | |
| Contact Number(s): |  | | | | | | | | | | |
| Email Address: |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Purpose of Hire: |  | | | | | | | | | | |
| Attendees: | Total Number of Attendees: |  | | | Number of Adults: | |  | | Number of Children: | |  |
| SINGLE BOOKING | Date of Booking: |  | | | Start Time: | |  | | End Time: | |  |
| BLOCK BOOKINGS | Frequency/ Days: |  | | | | | | | | | |
| Start Date (inclusive): |  | | | | | | | Start Time: | |  |
| End Date (inclusive): |  | | | | | | | End Time: | |  |
| ***Bookings times must allow sufficient time for preparation and clearing away before and after the event.*** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Facility Required (please tick): | | | | □ Drama Studio | | | | □ Activity/Dance Studio | | | |
| □ Classroom | | | | □ Seminar Room | | | | □ Sports Hall | | | |
| □ Dining Hall | | | | □ Classroom | | | | □ Main Hall/Auditorium | | | |
| □ 3G Pitch | | | | □ Car Park | | | | Other (please state) | | | |
| Equipment Required: | | | |  | | | | | | | |
| *The school does not provide any warranty that the premises, facilities and equipment provided are suitable for the intended purpose of the hire. The hirer is required to satisfy themselves that their requirements are met and the facilities are fit for purpose. Any electrical goods brought in by the hirer must have a valid PAT test label.* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Will refreshments be served? | | | | | | □ YES □ NO | | | | | |
| Will alcohol be consumed? | | | | | | □ YES □ NO | | | | | |
| If yes, will the alcohol be served or sold? | | | | | | □ SERVED □ SOLD | | | | | |
| *If permitted by the school, the relevant licence must be obtained for all events that will involve the sale of alcohol, gambling and public entertainment. Please contact the Licensing Team, East Ham, London E6 or go to* [*www.newham.gov.uk*](http://www.newham.gov.uk) *for an application form for a temporary licence* | | | | | | | | | | | |
| Do you have Public Liability Insurance that covers the requirements in Schools Letting Policy? | | | | | | | | | | □ Yes □ No | |
| **If yes,** adequate evidence of own insurance cover must be provided. Is this attached to your application? | | | | | | | | | | □ Yes □ No | |
| Will the letting involve working with children/young people. | | | | | | | | | | □ Yes □ No | |
| **If yes,** have you attached a copy of your Child Protection Policy? | | | | | | | | | | □ Yes □ No | |
| **DISCLOSURE AND BARRING SERVICE CHECKS**  Please note, all staff working with children will need to provide details of their current DBS. Please list the names of people this applies too: | | | | | | | | | | | |
| **Total Cost of Hire** | | | | |  | | | | | | |
| I have read and accept the terms and conditions and confirm that I am over the age of 18.  Signed (Hirer): Date:  Full Name (Hirer):  By signing this form, I hereby agree to Little Ilford Schools’ Lettings Policy.  *You will be sent confirmation of whether this application has been accepted or declined by post or email.* | | | | | | | | | | | |
| **PLEASE RETURN THE SIGNED FORM TO:**  Nazmul Islam  School Business Manager  Little Ilford School  Rectory Road,  London E12 6JB | | | | | | | | | | | |
| **(School Use Only)**  This application for letting is ACCEPTED / DECLINED  Signed (School): Date:  Name: Position: | | | | | | | | | | | |
| *No letting will be regarded as booked until the deposit is received in full, all requested paperwork has been submitted and a signed approval letter is issued by the school.* | | | | | | | | | | | |
| Adequate evidence of hirers insurance cover has been supplied and retained by school? | | | | | | | | | | □ Yes □ No | |
| Will the letting involve working with children/young people. | | | | | | | | | | □ Yes □ No | |
| **If yes,** please evidence of Child Protection Policy seen | | | | | | | | | | □ Yes □ No | |

**BACS Detail;**

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| Bank Sort Code | 30-00 02 |
| Bank Account Number | 01537 526 |
| Reference | LIS letting – your name |