



## LETTINGS / HIRE ENQUIRY FORM

### 1. Hirer Details:

Name \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Tel : \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address : \_\_\_\_\_

### 2. Application for : (please circle appropriate)

a) a company / business

b) a charity

c) other organization

(please specify) \_\_\_\_\_

d) sole hirer, the individual completing the application for

### 3. Organisation details (to be completed **only** if either option a, b or c was chosen above)

Name of organization : \_\_\_\_\_

Registered number of organization : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Tel :

Mobile:



What is your association with the organization? (please circle)

a) employee (please state occupation)

b) the secretary

c) the treasurer

d) the owner

e) a partner

f) other (please specify with details)

4. Purpose

What is the purpose of the hire? (i.e. what activities will be undertaken?)

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5. Insurance Requirements (*not applicable to individual party hire*)

**Essential:**

Is there a Public liability insurance (to a minimum of £5 million) which adequately covers the proposed activities? **Yes**  **No**

**If required:**

Is there an Employee liability insurance (to a minimum of £10 million) which adequately covers all employees? **Yes**  **No**

**Please provide a copy of the insurance policy schedules as evidence**

*(Please note the insurance policy schedules should be in the name of the contracting party i.e. the name of the organization. The schedules should only be in the name of an individual if you answered d to question 2)*

6. Dates and Times

What are the dates and times required for the hire?

Start Date:



7. Facilities

What facilities will be required? (e.g. toilets, entrances / exits, staff room etc)

8. Attendees

Approximately how many people will be attending?

What is the age range of those attending?

9. Qualifications

Please list the qualifications required to deliver the activity/service :

Do the hirer(s) have first aid certificates? Yes  No

**Please provide copies of the qualifications for all providers (those involved in providing the service) as evidence. All qualifications must be in date.**

10. Health and Safety

Are there generic risk assessments which cover the activities which will be undertaken?

**Please provide a copy as evidence**

Please note that if this application is successful, the risk assessments should be reviewed to assess the environment/location where the activities are to be held.

11. Vulnerable Groups

Please provide evidence of the following documents if delivering activities/services to vulnerable groups :

**1. Safer recruitment checks – required for all providers**

Current Enhanced DBS – number, date check confirmed and clearing agency

Right to work in the UK (if required)

Identity documentation (i.e. passport, driving license etc)



**2. Safeguarding Training – required for all providers**

Introduction to Working Together to Safeguard Children / Awareness Raising in Child Protection (as appropriate) – must have 6 months left to run on training certificate of attendance at Safer Recruitment Training (as appropriate)

**3. Safeguarding Procedures including :**

Contingency arrangements for emergencies

Child protection policies ratified by the DfE

Correct ratio of child to adults

Procedures for waiting with children until parents pick them up

First Aid training certificates

**FOR SCHOOL USE ONLY**

Date Application Received :

Date Application Reviewed :

Application approved? Yes  No

Reason why application was not successful: