**Hanley Castle** High School and Sixth Form Centre

**Booking Form for School Lettings**

**(PLEASE USE BLOCK CAPITALS)**

“A High Performing Academy”

 Church End, Hanley Castle

Worcestershire WR8 0BL

Tel: 01684 595671

Email: spellerj@hanleycastlehs.org.uk

[www.hanleycastle.worcs.sch.uk](http://www.hanleycastle.worcs.sch.uk)

NAME OF HIRER:.....................................................................................................................................................

ORGANISATION: .....................................................................................................................................................

**OFFICE USE ONLY**

|  |
| --- |
| **BOOKING FEE** |
| **Area/ facility** | **price (hrs x fee)** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |

|  |  |
| --- | --- |
| **STAFF FEES** | **£** |

|  |  |
| --- | --- |
| **Total** | **£** |

**FINANCE:**

|  |  |
| --- | --- |
| **SINV NO.** |  |
| **PERIOD** |  |

**Approval of Letting**

**In the case of the hirer not taking out Public Liability Insurance cover through Hanley Castle High School, I confirm that I have seen the hirer’s own public liability insurance cover certificate.**

**I also confirm that I have seen the relevant child safeguarding documentation, where applicable, from his hirer.**

**...................................................**

**Authorised signature**

**...................................................**

**date**

ADDRESS:.................................................................................................................................................................

EMAIL:...............................................................................................CONTACT NO……………………………………………..

PURPOSE OF HIRE:.......................................................................................................APPROX .no’s......................

Details of the person to be in attendance during the hire and responsible for supervision (if different from above)

NAME......................................................................................................................................................................

ADDRESS..................................................................................................................................................................

CONTACT NUMBER:................................................................................................................................................

**If children (under the age of 18) are attending then you must complete the safeguarding section overleaf**

MONTH: (A separate booking MUST be completed for each month for invoicing purposes)

JAN FEB MAR APR MAY JUN JULY AUG SEPT OCT NOV DEC

ONE OFF BOOKING:

DATES:...................................................START TIME....................................FINISHTIME........................................

WEEKLY BLOCK BOOKINGS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Day of week | Start Date | End Date | Start time | End time |
|  |  |  |  |  |
|  |  |  |  |  |

\**Start and end time stated must include the time in which you wish to access the facility and the time in which you expect to depart the facility. Early arrivals and late departures will incur additional fees*

ACCOMODATION/ FACILITIES REQUIRED;

.................................................................................................................................................................................

................................................................................................................................................................................

**PUBLIC LIABILTY INSURANCE**

1. Name of Insurer: Policy Number:

Limit of Indemnity: Expiry Date:

 (Attach copy)

**I CONFIRM THAT I HAVE READ AND ACCEPT HANLEY CASTLE HIGH SCHOOL’S LETTING TERMS AND CONDITIONS**

 **SIGN BY ORGANISATION LEADER**..............................................................................**DATE**.....................................

**SCHOOL LETTINGS SAFE GUARDING**

This section must be completed if there are children under the age of 18 attending a letting. If you are block booking/ regularly using letting the schools facilities then the safeguarding section only needs to be completed once every year.

ORGANISATION: ....................................................................................................................................................

PURPOSE OF HIRE:..................................................................................................................................................

1. Does the use of the premises involve children under the age of 18? YES NO

If yes:

1. Is the organisation registered with OFSTED? YES NO

If no, please complete the section below:

1. Does the organisation currently have a policy and procedure for safeguarding

 and promoting welfare of the children? YES NO

1. Have these procedures been communicated to all workers? YES NO
2. Are all workers adequately trained in adherence to the organisations policy and

 procedure? YES NO

1. Do all workers have CRB disclosure at an appropriate level and are arrangements

 in place for checks and renewals? YES NO

If you have answered ‘NO’ to any of the questions 3 – 6 then the letting will not be permitted.

However, this should not prevent you from making a provisional booking subject to all safeguarding policies and procedures being in place. **This must be confirmed by resubmitting this form prior to your first letting.**

Hirer’s safeguarding agreement

I understand that:

* I must notify the School if there has been a change in OFSTED registration
* I must notify the School if I have any material concerns about my group/organisations lack of adherence to an effective safeguarding policy
* I will undertake to inform the School if I or my organisation/group have any concerns about any adult associated with the letting in respect of safeguarding.
* I understand that failure to do so could result in a termination of the letting
* I can confirm that all the information provided by myself, or my organisation, in the form above is accurate

**SIGN BY ORGANISATION LEADER**..............................................................................**DATE**.....................................