



Education &
Children's Services

Facilities Booking Application Form

Section 1 - to be completed by all

Name of Club/Organisation/Applicant _____

Registration/Membership No (if applicable) _____

Name and Address of Applicant _____

_____ Postcode _____

Telephone Number Home _____ Work _____
Mobile _____

Email _____

Section 2 - to be completed by all

Name of School/Campus you want to hire _____

Alternative School/Campus _____

What is the nature of your application? (tick as appropriate)

Single Use Booking Block Booking Event/Specialist Booking

Purpose of Use/Activity _____

Section 3 - only complete this section if you have ticked 'Yes' to Single Use Booking in Section 2

Single Use Booking

Day & Date Required _____

Time(s) Required _____

Alternative Dates (if applicable) _____

Section 4 - only complete this section if you have ticked 'Yes' to Block Booking in Section 2

Block Booking

Block 1 (July - September)	Block 2 (October - December)
Date(s)	Date(s)
Day(s)	Day(s)
Time(s)	Time(s)

Section 4 (continued)

Block 3 (January - March)	Block 4 (April - June)
Date(s)	Date(s)
Day(s)	Day(s)
Time(s)	Time(s)

Section 5 - only complete this section if you have ticked 'Yes' to Event/Specialist Booking in Section 2**Event/Specialist Booking**

Day & Date Required _____

Time(s) Required _____

Alternative Dates (if applicable) _____

Will spectators be present? Yes No If yes, number of adults _____ juniors _____Will admission be charged? Yes No If yes, how much? £ _____Will the event be sponsored? Yes No If yes, please give details _____Will the event attract media coverage? Yes No If yes, please give please details of whom this will be _____**Section 6 - to be completed by all****Facilities Required** (Please enter required number of courts, rooms etc)**Sports Facilities** Indoor Sports Hall Courts _____ Changing Rooms _____ Dance Studio _____

Gymnasium _____ Games Hall _____ Outdoor Pitches/Courts _____

Other Sports Facilities (please specify) _____

Additional Requirements (eg Sports equipment etc) _____

Non-Sports Facilities Art & Design Rooms _____ Assembly Hall _____ Conference Rooms _____

Craft Rooms _____ General Classrooms _____ Home Economics _____

ICT Rooms _____ Music Rooms _____ Theatre _____

Other Rooms (please specify) _____

Additional Requirements (eg room layouts, projectors, ICT Equipment) _____

Section 7 - to be completed by all

If the activity is run by a tutor or coach please provide the following details:

Name _____

Telephone Number _____ Mobile _____

Email _____

Does the person in charge of the hire hold a valid Tutor/Leader Qualification Certificate(s)? Yes No

Are you an individual/organisation working with children under 18 years of age? Yes No

Does the person in charge of the hire hold a current Disclosure Declaration Form? Yes No

Does the group operate an approved policy and procedure for the care and protection of young people under the age of 18 years of age? Yes No

If you are a sports club or organisation, do you hold a National Governing Body accreditation award? Yes No

If so, please state details _____

Is your sports club or organisation registered on the Perth and Kinross Accredited Club Excellence scheme? Yes No

If so, please tick level of award: Registered Foundation Development Community

Estimated number of participants attending: Adults (18 or over) _____ Juniors (Under 18) _____

Is the individual/group profit making? Yes No

Please provide fee details: £ _____ per person/session

Please Note: Individuals or Groups who charge class/course fees may be requested to provide audited accounts for verification purposes.

Section 8 - to be completed by all

PAT (Portable Appliance Testing)

Do you plan to bring your own electrical equipment? Yes No

Do you hold a valid PAT Certificate? Yes No

(Information on PAT Certification can be obtained from the British Standards Institute)

Would you like us to provide a PAT testing service? Yes No

Kitchen Use

Do you need access to kitchen facilities? Yes No

If you plan on using a kitchen/home economics room and will be tutoring, do you hold a valid food hygiene certificate? Yes No

Hospitality/Catering Provision

Catering can be provided - for further information please contact:

Tayside Contracts

Tel 01738 447293 • Email perth.functions@tayside-contracts.co.uk • www.tayside-contracts.co.uk

Section 9 - to be completed by all

Payment Method *Advance Payment* *Payment on Day* *Invoice*
(Campuses Only)

Name and Address for Invoicing _____
(if different from applicant) _____

_____ Postcode _____

Telephone Number *Home* _____ *Work* _____
Mobile _____

Email _____

Section 10 - declaration by Hirer

I agree to abide by the Conditions of Hire and Scale of Charges as applicable.

Please return this form signed to the address stated on the cover sheet attached.

Please tick if you prefer to receive booking correspondence by email

Data Protection

The information provided by you will be used solely in processing your application. In terms of the Data Protection Act 1998, you are entitled to know what personal information is held about you on payment of a fee of £10. Application should be made to the Executive Director (Education & Children's Services), Education & Children's Services, Perth & Kinross Council, Pullar House, 35 Kinnoull Street, PERTH PH1 5GD.

Declaration: I authorise the use of my personal information for the above stated purpose.

Signed _____ Date _____

Section 11 - for official use only

Date Received _____ Coaching Qualifications Checked _____
(if applicable) _____

Confirmation Sent _____ by _____

Details to Janitor/Facilities _____
Manager (if applicable) _____ Disclosure Checked _____
(if applicable) _____

Details to Catering (if applicable) _____ by _____

Details to PKL (if applicable) _____ Additional Cleaning _____
(if applicable) _____

Breakdown of Charges: _____
PKC Charges (if applicable) _____
PKL Charges (if applicable) _____
Catering Charges (if applicable) _____
Total Charge _____

Key Holder/Door Entry _____
Arrangements _____

Approved by _____
(Signature) _____

Comments _____

Booking Reference No _____

Public Liability Checked _____
(if applicable) _____

by _____

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Council Text Phone Number 01738 442573

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