



Request for use of Council Facilities (Building/Land)

Details about your organisation

Registered name:		ABN:	
Postal address:			
Legal Identity	<input type="checkbox"/> Incorporated Association <input type="checkbox"/> Sole Trader <input type="checkbox"/> Proprietary Ltd <input type="checkbox"/> Trust <input type="checkbox"/> Other (please specify) _____		
Contact person:	Telephone number/s:		
Contact person's position:	E-mail address:		

Is your organisation not for profit? Yes No
 Is your organisation affiliated with a peak body? Yes No
**Please note that this application must be returned with your organisation's previous two years financial statements in support of your "not for profit" status*

Usage Requirements

Preferred location(s): _____
 Maximum Sustainable Annual Rent payable to Council (Excluding GST): \$ _____
 Main activity/intended use: _____
 Is your organisation prepared to share space with another user group? Yes No
 Consent to share the details on this form with Council's other Management Committees to enable the facilitation of shared use leasing arrangements? Yes No
 When would you like to use the facility: Summer Winter All year round
 Other (please specify) _____

Preferred days and times (please tick and write the purpose below)

	Morning	Afternoon	Evening	Purpose (such as training, meeting or competition)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Facility Requirements

Recreation Facilities <input type="checkbox"/> Turfed playing field/s <input type="checkbox"/> Bowling green/s <input type="checkbox"/> Indoor Court/s <input type="checkbox"/> Outdoor Court/s <input type="checkbox"/> Cricket pitch/nets <input type="checkbox"/> Disability Access <input type="checkbox"/> Sports lighting <input type="checkbox"/> Other (please specify) _____ _____ _____	Building Facilities <input type="checkbox"/> Office Space _____m ² <input type="checkbox"/> Meeting Rooms (capacity for _____ people) <input type="checkbox"/> Clubrooms <input type="checkbox"/> Change rooms/Showers <input type="checkbox"/> Toilets <input type="checkbox"/> Disability Access <input type="checkbox"/> Equipment/Storage Sheds <input type="checkbox"/> Kitchen (Domestic/Commercial) <input type="checkbox"/> Other (please specify) _____ _____ _____
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Public liability Certificate of Currency details:

Applicant insured with:	Date insured to: / /
	Amount insured for: \$

Signature of Representative

Name of above Representative (please print)
Date / /

****Please forward completed application to:**
 Property Transactions Team
 City of Onkaparinga,
 PO Box 1,
 NOARLUNGA CENTRE SA 5168
 or by email to: mail@onkaparinga.sa.gov.au
****Please allow up to four weeks processing time**

By signing the Request for use of Council Facilities (Building/Land) Form, you certify that your declarations below are true and correct.

DECLARATION

Description of Action/Undertaking	Checklist
Public Liability Insurance Declaration I/We have a current public liability insurance policy. A copy of the Public Liability Insurance Policy Certificate of Currency showing cover to the value of \$20 million is supplied with this form	<input type="checkbox"/> Yes
I/We agree to provide a reference from my/our most recent landlord and agree that council may in its absolute discretion contact the landlord (or landlord's agent) to ascertain the applicant's past performance under its most recent tenancy agreement	<input type="checkbox"/> Yes
I/We have attached evidence of payment of the last three months' rent and outgoings to my/our most recent landlord. Council reserves the right to request a bank guarantee as security for payments due under a lease/licence arrangement	<input type="checkbox"/> Yes
I/We warrant to the council that I/We have no outstanding obligations (including any outstanding rent) under any previous/current tenancy arrangements and I/We have no pending claims or litigation against me/us or any related or associated company	<input type="checkbox"/> Yes
I/We warrant to the council that I/We can pay my/our debts when they fall due and payable	<input type="checkbox"/> Yes
I/We agree to be responsible for the condition of the booked facilities during the times of use, as well as any hazards created in communal areas (e.g. hallways, toilets, foyer, etc). All hazards, spills or breakages will be reported to the management committee immediately	<input type="checkbox"/> Agree
I/We warrant to council that I/We have clear and good title to all equipment in my/our possession to be used at the facility	<input type="checkbox"/> Yes
I/We understand that my/our use may be restricted to a certain part of the building or facility	<input type="checkbox"/> Agree
I/We agree to sign a Statutory Declaration as to Suitability of Character and have all my/our volunteers and employees sign the Statutory Declaration as to Suitability of Character	<input type="checkbox"/> Agree
I/We understand that council and the relevant management committee have the right to reject an application which is incomplete or contains insufficient information	<input type="checkbox"/> Agree
For applicants who intend to have care and control over children or vulnerable persons at the facility	Checklist
I/We (including my/our volunteers, employees and other supervisors) have current clearances from the Department of Communities and Social Inclusion and/or police clearances to enable me/us to work with vulnerable persons and/or children and agree to present them to council and/or the management committee for sighting upon request	<input type="checkbox"/> Yes
I/We have complied with all the requirements, processes and procedures under the <i>Children's Protection Act 1993</i> , the <i>Disability Services Act 1993</i> or any other Act or Regulation which regulate service providers when working with or supervising children or vulnerable persons as those requirements, processes and procedures may apply to me/us or my/our proposed activities at the facility	<input type="checkbox"/> Yes

Please be sure to attach the following documents when submitting your form:

I/We confirm the checklist is complete:
<input type="checkbox"/> I/We have attached an acceptable certificate of currency for public liability insurance
<input type="checkbox"/> I/We have attached a letter of reference from my/our most recent landlord including contact details
<input type="checkbox"/> I/We have attached evidence of payment of the last three months' rent and outgoings to my/our most recent landlord
<input type="checkbox"/> I/We have attached a signed Statutory Declaration as to Suitability of Character for myself/ourselves and all my/our volunteers and employees who will be working with children or vulnerable persons from the facility