

# F135 Venue Hire Agreement

ABN 41839611725



**BALLARAT  
HOSPICE  
CARE INC.**  
Home Based Palliative Care

## 1. Applicant details

*The person completing this form and whose signature appears below must be 18 years of age or over.*

<b>Main contact name</b>		
<b>Email address</b>		
<b>Phone number</b>		
<b>Company / Organisation</b>		ABN:
<b>Postal address</b>		
<b>Invoice to be sent to (name and email address)</b>		
<b>Hire category (select one please)</b>	<input type="checkbox"/> Organisation or individual (For profit or Government funded) <input type="checkbox"/> Community Group: An organisation with charitable aims and objectives run exclusively by volunteers <input type="checkbox"/> Not for Profit: An organisation with charitable aims and objectives with at least some paid members of staff	
<b>Public liability insurance</b>	<input type="checkbox"/> I/we have current public liability insurance (minimum \$1,000,000 coverage) for our employees, contractors and event participants .	

## 2. Booking details (1<sup>st</sup> booking)

<b>Please provide a brief description of your event</b>	
<b>Date and time span</b>	
<b>Room/s requested</b>	<input type="checkbox"/> Room 1 <input type="checkbox"/> Room 2 <input type="checkbox"/> Rooms 1 and 2 <input type="checkbox"/> Room 3 <input type="checkbox"/> Shared kitchen <input type="checkbox"/> Consulting Room (small) <input type="checkbox"/> Family Consulting Room
<b>Anticipated no. attendees including trainers/facilitators and preferred room setup</b>	
<b>Equipment requests</b>	<input type="checkbox"/> Whiteboard <input type="checkbox"/> HDMI enabled TV Monitor <input type="checkbox"/> Tables & seating for __ people <input type="checkbox"/> Tea and Coffee making for __ people
<b>Venue hire fee</b>	

## 3. Booking details (2<sup>nd</sup> booking) *For additional bookings, please complete another venue hire agreement*

<b>Please provide a brief description of your event</b>	
<b>Date and time span</b>	
<b>Room/s requested</b>	<input type="checkbox"/> Room 1 <input type="checkbox"/> Room 2 <input type="checkbox"/> Rooms 1 and 2 <input type="checkbox"/> Room 3 <input type="checkbox"/> Shared kitchen <input type="checkbox"/> Consulting Room (small) <input type="checkbox"/> Family Consulting Room
<b>Anticipated no. attendees including trainers/facilitators and preferred room setup</b>	
<b>Equipment requests</b>	<input type="checkbox"/> Whiteboard <input type="checkbox"/> HDMI enabled TV Monitor <input type="checkbox"/> Tables & seating for __ people <input type="checkbox"/> Tea and Coffee making for __ people
<b>Venue hire fee</b>	

# F135 Venue Hire Agreement

## 3. Hirer checklist

<input type="checkbox"/>	I have contacted Ballarat Hospice Care to confirm availability of the venue and discussed furniture and equipment requirements. I am aware that I need to set up and pack up the room and include this time in my booking.
<input type="checkbox"/>	I have completed all applicable sections of the Venue Hire Application Form in good faith. All details provided are correct and I am authorised to act on behalf of this group.
<input type="checkbox"/>	I have contacted the relevant bodies to discuss license requirements for the provision of food and have attached relevant documentation to this application (where applicable).
<input type="checkbox"/>	I have attached a copy of our certificate of currency for our public liability insurance.
<input type="checkbox"/>	We will adhere to the current seasonal illness and COVID-19 cleaning and safety guidelines and density restrictions for the room/s booking/s.
<input type="checkbox"/>	I understand that I/we are responsible for our own catering and that we will leave the room/s in the same condition as found (clean as noted in the terms and conditions and in the standard room configuration with all used dishes stacked in the dishwasher).
<input type="checkbox"/>	I have arranged a date and time with Ballarat Hospice Care to discuss access, security, emergency and OHS procedures.
<input type="checkbox"/>	I understand any additional fees associated with cleaning of the building, damages or security call out charges will be forwarded to my organisation.
<input type="checkbox"/>	I understand my booking is not confirmed until Ballarat Hospice Care has received EFT payment to ANZ bank Ballarat Hospice Inc. BSB 013 516 Account 295144086
<input type="checkbox"/>	I have made payment to the nominated bank account above; and have attached a bank payment receipt or remittance advice by email along with this form to Ballarat Hospice Care <a href="mailto:admin@ballarathospicecare.org.au">admin@ballarathospicecare.org.au</a> .
<input type="checkbox"/>	I have read and agree to the following cancellation terms. 14 + days before date of hire: Full payment refunded 7-13 days before date of hire: ½ hire fee refunded Less than 7 days before date of hire: No refund

**I acknowledge having read the 'Conditions of Hire' and undertake to comply with all aspects of the conditions**

**Name**

**Signature**

**Date**

*Your personal information is being collected by Ballarat Hospice Care for the purpose of booking rooms at the Palliative Care Hub. Your information will be stored securely by Ballarat Hospice Care to identify you when communicating with you about your booking. For further information on how your personal information is handled, refer to BHCI's Privacy Policy at [www.ballarathospicecare.org.au](http://www.ballarathospicecare.org.au)*

**Please scan and send a completed copy of this form to [admin@ballarathospicecare.org.au](mailto:admin@ballarathospicecare.org.au)**

Room	Details	Cost – half day (up to 3 hours) GST incl.	Cost – full day (3 to 8 hours) GST incl.
1	Capacity of 10 people for 4sq m per person COVID requirement. Seats up to 40 theatre style without COVID restrictions	\$110	\$220
2	Capacity of 9 people for 4sq m per person COVID requirement. Seats up to 40 theatre style without COVID restrictions	\$110	\$220
1 & 2	Capacity of 19 people with 4sq m per person COVID requirement. Seats up to 90 theatre style without COVID restrictions	\$220	\$440
3	Capacity of 3 people with 4sq m per person COVID requirement. Seats up to 10 without COVID restrictions (table may not be moved)	\$75	\$165
Consulting	Priced on application	TBC	TBC

*Not for profit and community group pricing available.*

Contact [admin@ballarathospicecare.org.au](mailto:admin@ballarathospicecare.org.au)