|  |
| --- |
| **ORGANISATION DETAILS** |

|  |  |
| --- | --- |
| Organisation Name |  |

|  |  |
| --- | --- |
| Year: |  |

|  |  |
| --- | --- |
| Phone Number: |  |
| Organisation Website: |  |
| Organisation email: |  |

A copy of the following documents have been included with this report:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Audited Financial Report or Financial statement if not required to be audited |  | Current Food Handling Certificate (if applicable) |
|  | Annual Report |  | Current Glass Insurance Policy (if agreement requirement) |
|  | A listing of current Office Bearers |  |  |
|  | Current Liquor Licence Certificate (if applicable) |  | A listing of key /card holders & key reference numbers (if applicable) |
|  | Working With Children/Child Safe Policy & WWC listing record of all required employees, contractors & volunteers (New requirement) | | |
|  | PLEASE NOTE Current Public Liability Insurance Certificate is now required to be submitted at the time of renewal receipt. | | |

**OFFICE BEARERS DETAILS**

Please provide two current office bearers contact details, please note these contacts will become Councils primary contacts for all future correspondence:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organisation Contact No. 1 | | | | |
| Contact Name: |  | | | |
| Position / Title: |  | | | |
| Postal Address |  | | | |
|  | | P/C: |  |
| Telephone: | BH: |  | | |
|  | Mobile: |  | | |
| Email: |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organisation Contact No. 2 | | | | |
| Contact Name: |  | | | |
| Position / Title: |  | | | |
| Postal Address |  | | | |
|  | | P/C: |  |
| Telephone: | BH: |  | | |
|  | Mobile: |  | | |
| Email: |  | | | |

\*NB If applicable - One contact may be a member of staff.

**ORGANISATIONAL INFORMATION**

To assist Council in better understand your organisation’s membership breakdown, please complete the table below with your current membership/participation figures: NB Membership may refer to regular users/participants. Gendered disaggregated data will assist Council undertake service Gender Impact Assessments in accordance with the Gender Equality Act 2020.

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant Type** | **Men / Boys** | **Women / Girls** | **Gender Diverse** |
| Senior Members (18 and over) |  |  |  |
| Junior Members (Under 18 y/old) |  |  |  |
| Committee |  |  |  |
| Coaches / Officials |  |  |  |
| General Members - non-participants Honorary Members or other |  |  |  |

As required by your current agreement, please provide any notable accidents / incidents or near misses:

|  |  |  |
| --- | --- | --- |
| **Type of Incident:** | **Date** | **Details** |
| Accident / incident / near miss |  |  |
| Accident / incident / near miss |  |  |
| Accident / incident / near miss |  |  |
| Accident / incident / near miss |  |  |
| Accident / incident / near miss |  |  |

If you require additional space please attach a separate sheet.

Council would like to know what milestones/events /activities your organisation has held over the **last year**, and the details of these events:

|  |  |  |
| --- | --- | --- |
| **Milestone/Activity / Event** | **Date** | **Details** |
| *Eg. Open day, 10th Birthday celebrations* |  |  |
|  |  |  |

Council would like to know what milestones/events your organisation has planned in the **future**, and the details of these events:

|  |  |  |
| --- | --- | --- |
| **Milestone/Activity / Event** | **Date** | **Details** |
| *Eg. Open day, 10th Birthday celebrations* |  |  |
|  |  |  |