

COMMUNITY FACILITY LEASE or LICENCE ANNUAL REQUIREMENTS 2024



ORGANISATION DETAILS

Organisation Name		Year:	
Phone Number:			
Organisation Website:			
Organisation email:			

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

- | | |
|---|---|
| <input type="checkbox"/> Audited Financial Report or Financial statement if not required to be audited | <input type="checkbox"/> Current Food Handling Certificate (if applicable) |
| <input type="checkbox"/> Annual Report | <input type="checkbox"/> Current Glass Insurance Policy (if agreement requirement) |
| <input type="checkbox"/> A listing of current Office Bearers | <input type="checkbox"/> A listing of key /card holders & key reference numbers (if applicable) |
| <input type="checkbox"/> Current Liquor Licence Certificate (if applicable) | |
| <input type="checkbox"/> 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.

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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
<i>Eg. Open day, 10th Birthday celebrations</i>		

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
<i>Eg. Open day, 10th Birthday celebrations</i>		