# **ROOM BOOKING FORM**

Please complete this form digitally on the computer. Handwritten submissions will not be accepted.

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| --- | --- |
| Name of User Group: |  |
| Name of Hirer: |  |
| Address: |  |
| Postcode: |  |
| Email address: |  |
| Phone Number: |  |
| Do you have valid Public Liability Insurance? Please include a copy.  |  |

|  |  |
| --- | --- |
| Purpose of hire and description of activity: |  |
| Room Required:**Drawing Room** and/or**Legge Room** and/or**Studio 15** and/or**The Barn Gallery**(Please note, WIFI is not available in the Barn.) |  |
| Number of expected attendees: |  |
| Date(s) of hire (list all required dates): |  |
| Start time (to include set up) |  | Finish Time (to include clear up) |  |
| Number of tables/ chairs required:Please note that setting up and putting back tables is the responsibility of the hirer. Assistance may be provided if sufficient notice is given, and circumstances require. |  |

**The Schedule**

The Hirer must adhere strictly to the following requirements for securing the Building and the Site following the end of the Hiring:

1. Hirer must check to ensure that no other users of the Building are present in the Building by referring to the “sign-in/sign-out) sheets pinned up by the entrance door.
2. If Hirer and his group are is last out, he must ensure that all persons within his group participants have left the Building following which he shall lock the entrance door and double check that it is securely locked.
3. Hirer shall close and lock the gate to the Site on his way out

In the event of any difficulty Hirer must contact David Harbey on 07943 557564 or Hilary Grayson Trustee responsible for facilities and property on 07967 742598.

**Declaration:**

By signing (electronically) and returning this booking, form I agree to comply with the Terms and Conditions of Hire and Fire Safety Procedures available on Westbury’s Website, under the Venue Hire tab, [click here](http://www.westburyartscentre.co.uk/venue-hire) to open the page.

I understand that I will be invoiced prior to my booking and that payment must be received by the date stipulated on the invoice.

**Signed (electronically):**

**Print Name:
Date:**

**Risk Management Form**Please complete this form digitally on the computer. Handwritten submissions will not be accepted.

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| --- | --- | --- | --- | --- | --- | --- |
| **Catastrophic**  | **5** | 5 | 10 | 15 | 20 | 25 |
| **Major**  | **4** | 4 | 8 | 12 | 16 | 20 |
| **Moderate**  | **3** | 3 | 6 | 9 | 12 | 15 |
| **Minor**  | **2** | 2 | 4 | 6 | 8 | 10 |
| **Insignificant**  | **1** | 1 | 2 | 3 | 4 | 5 |
|  |  | **1** | **2** | **3** | **4** | **5** |
|  |  | **Remote**  | **Unlikely**  | **Possible**  | **Probable**  | **Highly Probable**  |

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| --- | --- | --- |
| **Scoring**Under 5 - Green5-10 – Amber 10-12 OrangeAbove 12 Red | **Common Risks**Falls from heightSlips/trips on single levelBurnsEffects from toxic substances | **General Hazards at WAC**Asbestos (Report available if needed)Uneven staircases and floorsUnknown electrics in some areasShared kitchen facilitiesBees and beehivesMoat and uneven groundsSome studios have specific equipment |

Risk Assessment carried out by [Name] …………………………………………………………….

Date …………………………………………………………………………………………………………………

Event Details ……………………………………………………………………………………………………

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| --- | --- | --- |
| **Item**  | **Score** | **Comment** |
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