

# Application to Hire Premises of Corbets Tey School



## School Contact Information

<b>School</b>	Main Office	01708 225888
<b>Lettings Administrator</b>	Karen Hoffman	khoffman@corbetstey.havering.sch.uk
<b>Site Manager</b>	Dave Hawkes	07833 342146

## Applicant Details:

<b>Applicant Name:</b>			
<b>Home Address:</b>			
<b>Telephone No. Home:</b>		<b>Work:</b>	
<b>Society/Organisation</b>			
<b>Organisation Address:</b>			
<b>Facility/Facilities Required:</b>			
<b>Purpose of Hiring:</b>			

## Dates and Times of Required Hire:

Day	Date	Time	
		From:	To:

## Further Information

Corbets Tey School is committed to safeguarding and promoting the welfare of children and young people. Accordingly we expect all staff, volunteers and third parties at our premises to share this commitment.

Please detail your group or organisation's experience in delivering this service with young people.
Please detail any formal complaints that have been made with regard to accidents, health and safety or safeguarding incidents within your group or organisation.
Please detail your procedures for keeping records and registers of all children and young people involved in your organisation's activities at our premises.
Please give details of your organisation's registration with appropriate national registered bodies, e.g. Integrated Youth Service, F.A., etc:
If providing childcare, please confirm that the organisation is registered with Ofsted and the registration details.
Please detail any inspection reports carried out on the organisation and any issues highlighted. We will require sight of these.

## Policies and Certification

Please tick to indicate that you have provided the following at the letting appointment:

Original <b>Enhanced Disclosures (DBS)</b> for all adults involved in the group activities, which show the disclosure number and date of issue	
Your organisation's current, signed <b>Safeguarding Policy</b>	
Your named <b>Safeguarding-Coordinator's Training Certificate.</b>	
Please supply the <b>coordinator's name:</b>	
Your organisation's current, signed <b>Allegations Policy</b>	
If you intend to store or administer medication on our premises, your organisation's current, signed <b>Storage and Administration of Medication Policy</b>	
If you intend for your staff to carry out intimate care of children or young people on our premises, your organisation's current, signed <b>Intimate Care Policy. See below</b>	
If you do not intend to carry out intimate care or administer medication, we will require a <b>signed statement</b> to confirm this.	
<b>First aid qualification certificates</b> for at least one member of staff and volunteers who will be present during your organisation's activities at our premises	
<b>Qualification certificates</b> held by staff and volunteers who will be present during your organisation's activities at our premises	
Your organisation/group's <b>Public Liability Insurance Policy</b> - minimum £5,000,000.	
All <b>risk assessments</b> for all on-site activities (it is a requirement that these are completed)	

Please list all staff and volunteer's names who are involved in your organisation's activities at our premises and their DBS disclosure details. We will require sight of documented proof at the initial letting appointment.

Name	Disclosure Number	Date of Issue

*NB: These must be the adults that actually attend the sessions. If we do not have DBS details for adults who attend on the day, we will be forced to cancel the session.*

**Declarations**

<b>Person in Charge of Letting (Hirer)</b>	
<b>Group or Organisation Name</b>	

I do hereby apply for the use of accommodation and facilities stated. I have read and agree with the conditions of hire. If my application is approved, I will ensure that payments are paid in advance of my letting. I hereby declare that I am responsible for ensuring that appropriate checks have been carried out for all staff and volunteers who are involved in activities at our premises and that an appropriate number of qualified first aiders are present during activities (and qualified lifeguards during swimming activities).

<b>Nominated Group Leader</b>	
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<b>First Aid Trained Person</b>	
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I will ensure that both of the above named will be present during activities at all times and will be present until the last person included/associated with our activities leaves the school site.

I hereby declare that:

- Nominated group leaders will receive Health and Safety induction specific to this activity and this site
- I understand and agree to report any health and safety issues or any potential hazards on our site immediately to the site manager
- I give my assurance that any security swipe cards or padlock codes provided to me by the school in order for me to gain entry will not be passed on to any other person and I will make every necessary efforts to conceal this information from others.
- I agree to comply with the lettings **Full Terms and Conditions of Hire of School Premises** at all times.
- I understand that while all reasonable checks have been made as part of this letting the school accepts no responsibility for the quality of the hiring organisation's policies, risk assessments or provision.

<b>Signature of Applicant:</b>		<b>Date:</b>	
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*To be completed by the school*

<b>Name of Group or Organisation</b>	
<b>Date of Letting</b>	

I on behalf of Corbets Tey School hereby agree for the above organisation or group to hire the school premises of the above date.

<b>Signature of Headteacher or Deputy</b>		<b>Date:</b>	
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## Payments

<b>Name of Hirer</b>	
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<b>Description (Area of the School)</b>							
No. of Weeks	No. of Hours	No. of Staff	No. of Lifeguards	Admin	Cleaning	Outside Toilet	Charge
				Y/N	Y/N	Y/N	

<b>Description (Area of the School)</b>							
No. of Weeks	No. of Hours	No. of Staff	No. of Lifeguards	Admin	Cleaning	Outside Toilet	Charge
				Y/N	Y/N	Y/N	

<b>Description (Area of the School)</b>							
No. of Weeks	No. of Hours	No. of Staff	No. of Lifeguards	Admin	Cleaning	Outside Toilet	Charge
				Y/N	Y/N	Y/N	

<b>Description (Area of the School)</b>							
No. of Weeks	No. of Hours	No. of Staff	No. of Lifeguards	Admin	Cleaning	Outside Toilet	Charge
				Y/N	Y/N	Y/N	

<b>Description (Area of the School)</b>							
No. of Weeks	No. of Hours	No. of Staff	No. of Lifeguards	Admin	Cleaning	Outside Toilet	Charge
				Y/N	Y/N	Y/N	

<b>Total Charged:</b>	
<b>Date Paid</b>	

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