

COMMUNITY FACILITY LEASE or LICENCE ANNUAL REQUIREMENTS



ORGANISATION DETAILS

Organisation Name	
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Year:	
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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 |
| <input type="checkbox"/> Current Public Liability Insurance Certificate | <input type="checkbox"/> A listing of current Office Bearers |
| <input type="checkbox"/> Current Liquor Licence Certificate (if applicable) | <input type="checkbox"/> A listing of key holders & key reference numbers (if applicable) |
| <input type="checkbox"/> Working With Children/Child Safe Policy & WWC record of all required employees, contractors & volunteers (New requirement) | |

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

Membership Type	Number
Senior Members (18 and over)	
Junior Members (Under 18 y/old)	
Committee	
Coaching / Officials	
General Members - non-participants Honorary Members or other	

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As required by your current lease, please provide any 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		
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 /activities 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>		