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| --- |
| **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 |
| [ ]  | Current Public Liability Insurance Certificate | [ ]  | A listing of current Office Bearers  |
| [ ]  | Current Liquor Licence Certificate (if applicable) | [ ]  | A listing of key holders & key reference numbers (if applicable) |
| [ ]  | 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 |  |

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** |
| *Eg. Open day, 10th Birthday celebrations* |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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** |
| *Eg. Open day, 10th Birthday celebrations* |  |  |
|  |  |  |
|  |  |  |