|  |  |  |
| --- | --- | --- |
|  | **Room Hire Application Form**  2 Shearer Street, Nambour, QLD 4560 P O Box 1042 Telephone: (07) 5441 4724  Email: [reception@nambourcc.org](mailto:reception@nambourcc.org) | |
| **Contact Name:** | |  |
| **Organisation:** | |  |
| **Address:** | |  |
|  |
| **Phone:** | |  |
| **Email:** | |  |
| **ABN:** | |  |
| **Purpose of Hire:** | |  |
| **Room Required:** | | Room 1 Room 2 Counselling Open Area Mandala |
| **Hire Frequency:** | | Once only Weekly Fortnightly Monthly |
| **Duration:** | | Hourly Half a Day Full Day Date: |
| **Additional Requirements:** | | |
|  | | |

**Payment Options**

**Direct Deposit:** Direct deposit into our Bank Account: Nambour Community Centre Inc. BSB: 124090 Account Number: 20983682. Please ensure that you enter your name and Invoice number into the reference field. Please also email office@nambourcc.org to let us know that you have paid.

**Cash:** Pay directly to our reception. Manual receipt provided.

**Cheque**: Cheques can be made payable to Nambour Community Centre Inc. Please return completed form with cheque and drop into the Centre during office hours 9.00am to 3.00pm or post to: Nambour Community Centre Inc, PO Box 1042, Nambour QLD 4560.

**INSURANCE/ RELEASE & INDEMNITY**

It is the Tenants responsibility to ensure that they have appropriate insurance cover for the activities they are conducting at the Nambour Community Centre. All tenants are required to sign the Release and Indemnity statement below, before accessing the centre through room rentals.

**Release & Indemnity**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in my personal capacity/as authorised representative of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

hereby release Nambour Community Centre Inc and its management, staff and volunteers from liability and indemnify them against any claim for injury to person/s arising from the use of the premises, howsoever caused. I further indemnify Nambour Community Centre and its management, staff and volunteers from liability and indemnify them against any claim for property damage or loss arising from the use of the premises, howsoever caused*.*

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conditions of Room Rental**

Nambour Community Centre Inc aims to provide a pleasant and informal environment for your workshop, meeting, event or activity.  The Community Centre provides modern facilities for community needs at a reasonable cost.

**Tentative bookings**

Tentative bookings will only be held for two weeks.  It is then the responsibility of the tenant to either confirm or cancel.  Tentative bookings will be forfeited if the centre is not informed. If tentative bookings need to be held longer, a 50% non-refundable deposit will be collected.

**Cancellations**

* Should you cancel a booking it is your responsibility to contact the centre and all your participants.
* A cancellation fee of 50% will be charged if the centre is not notified within 48 hrs.
* If the tenant fails to notify reception of a cancelled booking and fails to use the room, full room rental fees will be charged.

**Room Rental Payments**

* If an invoice for payment remains unpaid for 3 months, the tenant may be refused future bookings.  
  **OVERDUE ACCOUNTS MUST BE BROUGHT UP TO DATE IN ORDER TO MAKE FUTURE BOOKINGS.**

**Kitchen**

The Kitchen is available for use by all groups for the duration of their room booking. Tenants are responsible for following the Hygiene and Safety guidelines documented in the manual, situated in the kitchen. Access to the Kitchen is inclusive in room rental fees.

**Guidelines for room rentals**

**Parking**  
Parking is available in the car park on the left side of the building. Disability car parks (2) are available on the right side of the building.  Please refrain from parking on the yellow lines on James & Shearer Streets.

**First Aid**  
First aid kits are available in the main kitchen in the cupboard left of the dishwasher.  All accidents and incidents must be recorded on the appropriate form available at the bottom of this form.

**Tenant Responsibilities**

* Stack all chairs and tables after use **(chairs stacked no higher than 8)**. They are available in the large cupboards in the meeting rooms or in the open area.
* Clean the floor if food or drink is consumed during your use of facilities. Cleaning equipment is kept in the kitchen and outside the men’s and women’s toilets.
* Report all damages to centre property to reception (a charge or fee may apply for repair or replacement).
* Vacate the centre at 10:00pm, due to noise restrictions within a residential area.
* Drinking alcohol or using any kind of illegal substances are prohibited in the centre and its surrounding area.
* Facilitators are responsible for providing tea, coffee, refreshments and all workshop requirements.
* The designated smoking area is under the large tree next to the gravel car park.
* Animals are permitted on the premises but need to be supervised at all times. Animals are to be always kept on a lead and away from centre entry and exit points. Owners are responsible for discarding appropriately, any waste products.
* Candles are not to be used in any of the meeting rooms as they are a fire hazard.

**Tenant Safety**

Due to some after-hours concerns, can we ask all hirers of rooms after hours to:

* close the exterior gate and use the doorbell for guests as they arrive
* discourage nonparticipants into the space - they are technically trespassing
* you are responsible for the well-being of the space - call police if you have a concern.

*From time to time, uninvited guested visit NCC on weekends. In an effort to continually improve the service we provide our community; we wish to know about any occurrences of this nature. If people are here when you arrive or through your booked time, please advise by email the time and briefly what happened. We can then cross check with our cameras and take steps to ensure this does not continue.*

**Before You Leave**

* Ensure you leave the area as you found it. All cleaning equipment is available in the kitchen cupboard, next to the door, and under the sink.
* Please lock all windows and doors and turn off the lights, fans & air conditioners in your room.
* If you are the last group to leave the centre, please close the exterior wooden gates, toilets and kitchen before you leave.
* All rubbish is to be placed in the bins outside the kitchen.
* A cleaning fee will apply if rooms are not left in a satisfactory condition.

**Keys**

Keys are available for collection during office hours (9am – 3pm Monday – Friday). They can be returned through the brass slot next to the front door. Alternatively, you may be issued a code to the key safe.

**FIRE SAFETY**

**Important**

In order to comply with fire safety regulations, each group using the centre is required to designate a **‘Safety Representative’**. Each fire safety officer will be responsible for ensuring the safety of its own members and maintain an accurate record of how many members are in attendance. Please contact reception for further information if required.

Instructions for the Safety Representative in the event of a fire or fire drill:

1. Become aware of the position of the Whistle alarm, where to access firefighting equipment, where to access First Aid and the evacuation plan.
2. Blow the whistle in three long blows to give an immediate warning of the fire. A whistle is located in the kitchen next to the fire extinguishers.
3. **R – Remove people from immediate danger**
4. **A – Alert the Fire Service (Dial 000)**
5. **C – Confine fire and smoke (If safe to do so)**
6. **E - Evacuate**
7. Once at the assembly point, ascertain that all persons within your group are accounted for. Those who are not accounted for should have their names and last known location given to an officer in charge. Do not leave the assembly area until you are given permission to do so.

**DO NOT:**

* **Take refuge in toilets, storerooms or other such areas.**
* **Block roadways or access to the premises.**
* **Re-enter the building.**

Every fire safety officer is to be instructed on how to operate a fire extinguisher and use a fire blanket. Please contact Nambour Community Centre for an appointment time for a demonstration. For groups that change their leadership on a regular basis, please ensure that the new group leader is also given these instructions.

**Hazard Reporting**

The Nambour Community Centre endeavours to maintain a safe environment for all those who use and access the centre.  For the centre to maintain its safe use, we ask all users to alert staff to a potential hazard that you may have seen.  To enable you to do this, we have **Hazard Reporting Forms** available at the end of this form.

**After hours emergency contact: Hayley King 0418 75 75 38 or call 000**

I/We the hirer, agree to abide by the guidelines as set out by the Nambour Community Centre, in the “Guidelines for Room Rentals” document.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAMBOUR COMMUNITY CENTRE INC**

**HAZARD REPORT FORM**

|  |  |
| --- | --- |
| **Worker**  **To**  **Complete** | Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reported to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Description of Hazard:** |
| **Corrective Action: Taken Required** |
| **Employer**  **Or**  **Safety**  **Rep**  **To**  **Complete** | **Action Taken:**  **Discussed at staff meeting Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Discussed with coordinator Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Further Action Required:**  **Do you consider the action resolved yes No** |
| **Employer/Safety Rep……………………….Date.……………………..**  **Worker……………………………………….Date……………………..** |

**NAMBOUR COMMUNITY CENTRE INC**

**INCIDENT/ACCIDENT REPORT FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Venue:** | | | | | | | **Time: am/pm** | | | | | | **Date:** | | |
| **Surname: First name:** | | | | | | | | | | | **DOB:** | | | **Gender:** | |
| **History of accident/incident:** | | | | | | | | | | | | | | | |
| **Other observations of accident/incident:** | | | | | | | | | | | | | | | |
| **Observations** | | | | | | | | **Assessment** | | | | | | | |
| ***Time (check every 5 minutes)*** | | | **5** | **10** | | **15** | | **Injuries/signs of symptoms** | | | | | | | |
| **Level of consciousness** | Conscious | |  |  | |  | | Abrasion  Burn  Contusion  Discolouration  Fracture  Haemorrhage  Laceration  Pain  Rigidity  Swelling  Tenderness | | [http://bodypictures.org/large/4/Body-Pictures-4.jpg](http://www.google.com.au/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0CAcQjRw&url=http://bodypictures.org/p/4/bodies/picture-4&ei=FkFdVYOIEoeX8QXYjoKYAw&bvm=bv.93756505,d.dGc&psig=AFQjCNHhmMeObO9gsWrWhBDYMGWY0Lag-g&ust=1432261158776689) | | | | | |
| Drowsy | |  |  | |  | |
| Unconscious | |  |  | |  | |
| **Pulse** | Rate | |  |  | |  | |
| Description | |  |  | |  | |
| **Respiration** | Rate | |  |  | |  | |
| Description | |  |  | |  | |
| **Pupils** | Right | |  |  | |  | |
| Left | |  |  | |  | |
| **First aid assessment:** | | | | | | | | | | | | | | | |
| **Action taken:** | | | | | | | | | | | | | | | |
| **Referral**: Hospital (ambulance) | | | | | * Hospital (car) | | | | | | | * Own doctor | | | * Other |
| **Next of kin notified:** | | * Yes | | | | | | | * No | | | | Phone number: | | |
| **Event type** | | **Form required** | | | | | | | **Reporting time** | | | | **Send report** | | |
| WHS events | | Current accident/incident form. Please keep a copy. | | | | | | | Within 24 hours | | | | Filed at reception | | |
| Dangerous events | | Form 3 WHSQ | | | | | | | Within 24 hours | | | | Online at:  [Forms | WorkSafe.qld.gov.au](https://www.worksafe.qld.gov.au/resources/forms)  [Form 3 - Incident notification form (worksafe.qld.gov.au)](https://www.worksafe.qld.gov.au/__data/assets/pdf_file/0023/14963/incidents_form.pdf) | | |
| Serious bodily event | | Form 3 WHSQ | | | | | | | Within 24 hours | | | |
| Death | | Form 3 WHSQ | | | | | | | Within 2 hours | | | |
| **Notified Department:** | | Yes Date: | | | | | | | No | | | | Other | | |
| **Staff member/First aid provider’s name:** | | | | | | | | | **Time: am/pm** | | | | | | |
| **Signature:** | | | | | | | | | **Date:** | | | | | | |

**NAMBOUR COMMUNITY CENTRE INC**

**CRITIAL INCIDENT REPORT FORM**

Date of incident: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time of incident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location (include address where applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person completing form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position of person completing form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employees / Volunteers / Management Committee / Group members involved in incident:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ role:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ role:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ role:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ role:\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants or community members involved in incident:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_

Description of incident and background (relevant Information leading up to the incident, circumstances, whether the incident was witnessed and other relevant issues):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who was informed of the incident (Manager, Emergency Services, Fire Brigade etc.)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Actions taken to date: (including date and time of contact that Manager and other agencies were informed, as well details of support provided):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept of Communities informed - date & time: \_\_\_\_\_\_\_\_\_\_\_\_representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow up action planned:

Critical incident report form authorised by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Employee)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Coordinator)