

WESTERN PLAINS CULTURAL CENTRE

MAIN BUILDING: VENUE HIRE AGREEMENT

FUNCTION NAME:			
FUNCTION DATES:		No. of ATTENDEES	
Bump In:	Event Start:	Event End:	Bump Out:
FACILITATOR NAME:			
FACILITATOR PHONE:			
FACILITATOR EMAIL:			

IMPORTANT INFORMATION

Please Note: Business hours are 9.00am to 5.00pm Monday to Friday, 10.00am to 4.00pm Weekends.

Please include all set up and pack up times for your function within the hours specified above.

Venue hire attendees are not to interfere with general public access to the facility

Early arrivals and late departures **may** be accommodated, but please contact the Venue Officer on (02) 6801 4442 as additional fees apply.

All fields in this agreement must be completed and returned to contact@westernplainsculturalcentre.org

HIRE RATES

ROOM TYPE: PLEASE SELECT	COMMUNITY RATE: PLEASE SELECT	CORPORATE RATE: PLEASE SELECT
FOYER ONLY	\$240.00 FLAT RATE	
AUDITORIUM	\$450.00 p/day	\$75.00 p/hour (min 2 hrs)
AUDITORIUM	\$300.00 p/additional day	\$240.00 after hours booking
MEETING ROOM	\$30.00 p/hour (min 2 rs)	\$40.00 p/hour (min 2 hrs)
A/H STAFF MEMBER	\$70.00 per hour	(speak to Venue Officer for more information),
TEAMS/ZOOM ROOM EQUIPMENT	\$80.00 per session	Community Rate applies to Meeting Room only

ROOM SETUP REQUIREMENTS & ADDITIONAL EQUIPMENT

Please select options required for your event:

Classroom max 25pax		Data Projector @ \$52.00	
Theatre max 30pax		CREO Café Catering	
U-Shape max 20pax		please contact creo@dubbo.nsw.gov.au for all	
Boardroom max 25pax		your catering enquiries	
		Whiteboard Urn Flip Chart Requested(please circle)	

BILLING DETAILS

Company Name:		Company Contact	
Company ABN:		Contact Phone No.	
Billing Address:			
Signature:		Email:	
		Date:	

Terms and Conditions: The Hirer warrants that the person(s) signing this Agreement has the authority to enter into this agreement.

The Hirer agrees to make full restitution for any damages to equipment, premises or additional cleaning that may occur, at the Manager for Cultural Services' absolute discretion, as necessary. Any damage to equipment, furniture or the room must be communicated to WPCC as soon as possible or at the completion of your function.

For Office Use Only:		For Records Use Only:	
Y/N	Hire Agreement Signed	Y/N	Trim
Y/N	Risk Assessment	Y/N	Events Perfect
Y/N	Public Liability	Y/N	Email
Y/N	Working with Children Check	Y/N	Initial

RISK ASSESSMENT

EVENT NAME				
CONTACT NAME				
ROOM NAME				
ASSESSMENT BY				
SIGNED			DATED	
Specific Task	Potential Hazard	Risk Level	Control Measure	Residual Risk Level
e.g. electrical cords & leads	e.g. tripping, electrocution	e.g. Medium	e.g. cords to be covered, cords to be tested & tag	e.g. Low

Likelihood	Consequences				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 severe
(A) Almost Certain	Medium	High	High	Extreme	Extreme
(B) Likely	Medium	Medium	High	High	Extreme
(C) Possible	Low	Low	Medium	High	High
(D) Unlikely	Low	Low	Low	Medium	High
(E) Rare	Low	Low	Low	Medium	High

Qualitative measures of likelihood or probability			Qualitative measures of consequence or exposure		
Level	Descriptor	Example Description	Level	Descriptor	Example Description
A	Almost Certain	Expected to occur	1	Insignificant	No first aid required
B	Likely	Will probably occur	2	Minor	First aid required
C	Possible	Might occur	3	Moderate	Medical treatment
D	Unlikely	Could occur	4	Major	Hospital admission
E	Rare	May occur	5	Severe	One or more persons