

WESTERN PLAINS CULTURAL CENTRE

DRAMA (BLACK BOX): 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 as additional fees apply.

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

HIRE RATES

COMMUNITY RATE: PLEASE SELECT		CORPORATE RATE: PLEASE SELECT	
\$154.00 per day		\$370.00 per day	
\$31.00 per hour (minimum 2 hours)		\$62.00 per hour (minimum 2 hours)	
A/H STAFF MEMBER \$70.00 per hour		Basic handover included - additional services at cost charge of external contractor if required.	

ROOM SETUP REQUIREMENTS & ADDITIONAL EQUIPMENT

Please select options required for your event:

SETUP TYPE	EQUIPMENT REQUEST	BOOKING DETAILS
Rehearsals	Whiteboard	CREO Café Catering
Performance	Microphone	please contact creo@dubbo.nsw.gov.au for all your catering enquiries
Screening/Theatre	Data Projector/Screen	
Presentation/Theatre	Laptop	
	Lighting Board	

BILLING DETAILS

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

Terms and Conditions: Terms and Conditions are provided in the **Community Arts Centre Hire Policy**. If you have not received a copy of this please contact WPCC on 02 6801 4444. It is also available on our website www.westernplainsculturalcentre.org

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

Personal information provided in the document is protected under the privacy and personal information protection act, 1998 (PIPA)

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