|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **When applying to hire a space please consider the following:**   * Bookings are only confirmed once booking is approved and payment received. * If the hirer cancels in writing to [bookings@multiculturalhub.com.au](mailto:bookings@multiculturalhub.com.au) cancellation fee would apply according to the terms of hire (clause no 3) * Please liaise with Hub staff if you intend to bring any additional equipment into the venue. | | | | | | | | | | | | | | |
| **Section 1 : Hire’s information** | | | | | | | | | | | | | | |
| 1. Name of Organisation ( Please include brief description) | | | | | | | | | | | | | | |
| 2. Contact Person | | | |  | | | | | | | | | | |
| 3. Postal Address | | | |  | | | | | | | | | | |
| 4. Suburb | | | |  | | | | | | | Postcode | | | |
| 5. Email | | | |  | | | | | | | | | | |
| 6. Contact details of person running activity in Room if different from above: | | | | Contact person | | | | | Mobile | | | | | |
| 7. ABN | | | | | | | | | | | | | | |
| 8.Organisation Type ( select one from options below 8.a to 8.d) | | | | | | | | | | | | | | |
| 8.aSmall Community Group: to be eligible in this category you must provide Not for profit status documentation including evidence;  must supply one of the following (8.a.i or 8.a.ii):  8.a.i Incorporated Association/ company limited by guarantee must provide a copy of their last Annual report as evidence of annual turnover of less than $150000 OR  8.a.ii  An unincorporated Association must provide a statutory declaration signed by your current president or chairman & witness by legally authorised person declaring your annual turnover and that you have no paid staff. | | | | | | | | | | | | | | |
| 8.bNot for Profit NGO:  Incorporation status:Incorporated AssociationNot IncorporatedCompany limited by guarantee | | | | | | | | | | | | | | |
| 8.cGovernment (includes statutory authorities) Primary or Secondary School; TAFE/University | | | | | | | | | | | | | | |
| 8.d  Commercial/ Private | | | | | | | | | | | | | | |
| 9.Public Liability Insurance Details: Please Provide a copy of your Certificate of Currency  Policy Number:       Expiry date  If you don’t hold Public Liability Insurance please mark this box  ( Terms & condition item no 13) | | | | | | | | | | | | | | |
| 10.Target Group Senior migrants New and emerging (including refugees) International Students Indigenous Multi-faith Other (please describe) | | | | | | | | | | | | | | |
| 11. Ethnicity: | | | | | | | | | | | | | | |
| **Section 2: Activity Information** | | | | | | | | | | | | | | |
| 12. Name of Activity/Event | | |  | | | | | | | | | | | |
| 13. Date (s) required | | |  | | | | | | | | | | | |
| 14.Times required- please include set up and pack up/tidy up time in your booking ( fees apply if you run overtime)  **Minimum 3hrs bookings, per room, per day** | | | Time access required from | | Time function commences | | Time function ends at | | | Time Venue vacated | | | Total hours of booking | |
|  | |  | |  | | |  | | |  | |
| 15. Event Type | | | Meeting Launch Workshop  Celebration  Cultural Event  Health & exercise other please describe | | | | | | | | | | | |
| 16. Number of attendees | | |  | | | | | | | | | | | |
| 17. Preferred Room/s (if known) | | | 1st preference | | |  | | 3rd preference | | | |  | | |
| 2nd  preference | | |  | | Whatever is available | | | |  | | |
| 18. Additional Equipment  (Fees Apply) | | | Data Projector  Lap Top  Public Address system(Includes 2 Microphones)  White Board  Flip Chart  Sewing Machines  Lectern | | | | | | | | | | |
| 19. Car Parking space  (Limited parking available, Fees apply)  **Please advise people who will use the car park to wait at the roller door in Therry St and phone 90921500 or use intercom phone for car park access**. | | | Number required  (Maximum 8 car parking spaces subject to the availability and parking only allowed for the duration of the event)  Who is using the car park;  same person requesting this booking or different person  If a different person;  Name of the person:    Mobile phone number: | | | | | | | | | | |
| 20. Disabled Access | | | Should there be an emergency evacuation we need to inform services such as Fire and Ambulance if there are people in the building that require special assistance. Will people be attending that have special mobility needs?  Yes  No  Maybe | | | | | | | | | | |
| 21. CATERING ARRANGEMENT | | | | | | | | | | | | | |
| No food will be served (Please go to question no 22.)  Hub to recommend caterers  We are providing our own catering. Name of the caterer  Food will be served within our booked room  Additional room required for food ( fees apply).Time meal to be served  Urn only required ( no charge)  Cold water only required    **Will alcohol be served?**  Yes  No.  If yes, evidence of liquor license must be produced if you are charging a fee for the entrance to the event or you are selling alcohol. | | | | | | | | | | | | | |
| Hub to arrange,  (When you order tea/coffee , Hub provides disposable cups) | | | Self serve instant tea and coffee-All day per serve ($5 per serve)  Number of serves required :  Self serve instant tea/coffee and biscuits-All day per serve ($6 per serve) Number of serves required :  Self serve instant tea and coffee ($2 per serve)  Number of serves required :  Self serve instant tea, coffee and biscuits ($2.50 per serve)  Number of serves required : | | | | | | | | | | |
| crockery/cutlery | | | We will provide our own disposables  We would like to use AMES mugs which we will wash & dry by ourselves (conditions apply)  **The Hub doesn’t provide any crockery/cutlery, disposables or paper serviettes** | | | | | | | | | | |
| 22. ROOM SET UP/ PACK UP & CLEANING | | | | | | | | | | | | | |
| Who will set up your room? | | We will set up the room  Hub staff requested to set up (Fees apply) | | | | | | | | | | | |
| How many chairs and tables do you require? | | Tables       Chairs  (Table dimensions, 1800x900 cm, all other rooms except Gallery and Rehearsal 150 x 75 cm ) | | | | | | | | | | | |
| Proposed Room Set Up  (Please refer brochure) | | Standing  Theatre  Workshop  U- Shape  Meeting  Discussion ( circle of chairs)  Other ( Please describe) Additional room set up requirements: | | | | | | | | | | | |
| Who will pack up your room? | | We will pack up the room **(as per terms & condition 5)**  Hub staff requested to pack up (Fees apply) | | | | | | | | | | | |
| Who will clean your room? | | We will clean the room **(as per terms & condition 5)**  Hub to arrange cleaning (Fees apply) | | | | | | | | | | | |
| 23.PROMTION | | | | | | | | | | | | | |
| How did you find about the Hub facilities | | Websearch  e-newsletter  Facebook  Word of mouth  Other | | | | | | | | | | | |
| Promotion | | Would you like the Hub to promote your event via our Facebook site or to be displayed and promoted in the Multicultural Hub newsletter and on electronic screens located in the building?  Yes  No If Yes, please email weblink and/or flyer to [bookings@multiculturalhub.com.au](mailto:bookings@multiculturalhub.com.au)  Would you like to receive the Hub e-newsletter  Yes  No  Would you like to receive the Hub promotions  Yes  No | | | | | | | | | | | |
| 24.PAYEMNT METHOD | | | | | | | | | | | | | |
| All fees must be paid in advance. Which method would you prefer to pay? | | Direct DebitEftpos  Cheque Payment(Make pay to “Adult Multicultural Education Services”)  VisaMaster Card  Card Number   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   Expiry Date        Name on Card  Signature | | | | | | | | | | | |
| 25. DECLARATION; | | | | | | | | | | | | | |
| To confirm your booking request you must sign this declaration and then fax, scan and email or post to the Multicultural Hub.  I (insert name)  Being the authorised representative of  Declare that I have read the Terms and Conditions of hire and understand and agree to be bound by them. I acknowledge that this is an application only and acceptance of it is at the sole discretion of AMES Australia and City of Melbourne Council.  I understand that we must leave the room we will use in the same condition as we found it and we will read the emergency procedures that relate to the building on arrival.  Signature       Date: | | | | | | | | | | | | | |
| 26. FOR BOOKINGS AND MORE INFORMATION | | | | | | | | | | | | | |
| Email : | bookings@multiculturalhub.com.au | | | | | | | | | | | | |
| Phone : | (03) 9092 1500 | | | | | | | | | | | | |
| Fax | (03) 9092 1555 | | | | | | | | | | | | |
| Post: | Multicultural Hub, 506 Elizabeth Street, Melbourne VIC 3000 | | | | | | | | | | | | |