

**APPLICATION FOR USE OF
EDUCATION PLANNING AND AREA SERVICES PREMISES
ACADEMIC YEAR 2011/2012**

Please complete Sections 1 to 6 in BLOCK CAPITALS

Section 1

Details of Applicant				
To be completed by the person who is to receive all correspondence				
Name of Organisation:				
Name of Applicant:			Post Held:	
Address:				
			Post Code:	
Telephone No:	Day:	Evening:	Mobile:	
e-mail address:				

Section 2

Details of Person in Attendance				
To be completed by the person in attendance who will be responsible for the group on the days of lets and for ensuring compliance with the conditions of let				
			✓ if same as Section 1	<input type="checkbox"/>
Name of Person:			Post Held:	
Address:				
			Post Code:	
Telephone No:	Day:	Evening:	Mobile:	
e-mail address:				

Section 3

Details of Treasurer				
To be completed by the person who is to receive invoices				
			✓ if same as Section 1	<input type="checkbox"/>
			✓ if same as Section 2	<input type="checkbox"/>
Name of Treasurer:				
Address:				
			Post Code:	
Telephone No:	Day:	Evening:	Mobile:	
e-mail address:				

Section 4

Accommodation				
Indicate whether hall, room etc. required along with start time, end time and approximate numbers expected				
Name of Premises Requested:				
Type of Activity:				
Accommodation Required:				
Start Time (24 hour clock) : 18.30				
End Time: (24 hour clock) : 20.30				
Numbers expected:				

Continued Overleaf

Section 5

Duration						
If booking for the whole academic year, please indicate first and last dates required along with the frequency e.g. weekly. If only single dates required, please state each date separately. Please note that at least 2 clear working days notice is required prior to the date the let is requested to start from.						
		Regular Dates only				
Day of Week	Term Dates	Start Date	End Date	Frequency	Single Dates only	
	1 (Aug – Dec)	DD / MM / YY	DD / MM / YY		DD / MM / YY	
	2 (Jan – Easter)	DD / MM / YY	DD / MM / YY		DD / MM / YY	
	3 (Easter – June)	DD / MM / YY	DD / MM / YY		DD / MM / YY	
	4 (July – Aug)	DD / MM / YY	DD / MM / YY		DD / MM / YY	

Section 6

Special Factors (Please ✓ below as appropriate)			
Will the premises be used to provide activities for children and/or young people under 18 years of age? If YES, a completed "FYouthLet1 – Academic Year 2011/2012" form must be submitted with this application.	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Will tickets be sold for admission? If YES, the commercial rate will apply to this application.	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Are instructional charges made to users? If YES, the commercial rate will apply to this application.	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Will alcohol be sold on the premises? If YES, a Liquor Licence must be obtained, and proof must be available at time of let. (Please note that alcohol may not be permitted on school premises)	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Will electrical equipment be brought on to the premises? If YES, a current Electrical Certificate of safety will be required.	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Is the 'youth group' rate of charges being applied for? If YES, the group may be eligible for the Youth Group rate of charge if 75% of group members are under 18 years of age and the group operates on a 'non-profit' basis.	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Do you have an appropriate qualification to enable you to run the activity? You may be asked to provide evidence, as random checks will be carried out	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Your group must have Public Liability Insurance. Please provide policy details:-			
Policy Provider _____	Policy Number _____		
Policy Start Date _____	Policy Expiry Date _____		

Having read the Education Committee's Letting Conditions and Scale of Charges, I wish to apply for the above accommodation on the conditions stated. I declare that I am over 18 years of age.	
Signature _____	Date _____

When applying for accommodation for the whole session or season or for single lets in August or September this form should be completed and returned <u>no later than the last Friday in May preceding the new session to:</u> Letting Section, West Lothian Council, Education Services, West Lothian Civic Centre, Howden South Road, Livingston, EH54 6FF Tel No: (01506) 281949 Fax No: (01506) 281685 e-mail: psh@westlothian.gov.uk
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FOR OFFICE USE ONLY

Permit No: _____	Processed by: _____	Category + Price: _____	/
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