

# THE WILSON WELLBEING SPACE VENUE HIRE APPLICATION FORM

(Draft v1 Jan 20)

Please make sure you have read the Venue Hire Policy before completing this form.

### **DETAILS OF THE PERSON COMPLETING THIS FORM**

- 1. Your name:
- 2. Your contact telephone number:
- 3. Your email address:
- 4. If applicable, name of your organisation/group:

# **DETAILS OF THE WELLBEING SERVICE/ACTIVITY**

Please answer all the questions as fully as you can.

- 1. Please describe the service/activity that you want to use the venue for, including how it links to improving the wellbeing of the local community members:
- 2. Who is it for? (eg older people, people with a learning disability, young people etc)
- 3. How many people will attend?
- 4. Is it a regular session or a one-off:
- 5. If a regular session, how often does it take place? (eg weekly for 6 weeks, monthly etc)

# **BOOKING REQUEST DETAILS**

Please note that the venue is currently bookable Monday – Friday between 9am and 7pm for a minimum 2-hour period. Booked periods include activity set-up and clear-away time. All users of the venue must have vacated the site by 7.30pm latest.

#### Date/s:

- First choice/preferred date/s:
- 2. Second choice date/s:

## Time slot/s:

1. First choice/preferred time slot/s (please refer to Venue Hire Policy):

Does your organisation/group have an income of less than £10,000 per year?  DECLARATION:  I confirm that the details provided here accurate and reflect the nature of the service/activity to take place at the venue.  NAME:  SIGNATURE:  DATE:  Once completed, please return this form to	2. Second choice time slot/s:
DECLARATION:  I confirm that the details provided here accurate and reflect the nature of the service/activity to take place at the venue.  NAME:  SIGNATURE:  DATE:  Once completed, please return this form to (email:	GROUP/ORGANISATION INCOME:
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I confirm that the details provided here accurate and reflect the nature of the service/activity to take place at the venue.  NAME:  SIGNATURE:  DATE:  Once completed, please return this form to (email:	
place at the venue.  NAME:  SIGNATURE:  DATE:  Once completed, please return this form to (email:	DECLARATION:
SIGNATURE:  DATE:  Once completed, please return this form to (email:	
DATE:  Once completed, please return this form to (email:	NAME:
Once completed, please return this form to (email:	SIGNATURE:
	DATE:
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