



Lettings booking form

All completed forms should be returned to

<p>CHAT Lettings Cuckoo Hall Academies Trust, Cuckoo Hall Lane, Edmonton, London N9 8DR lettings@chat-edu.org.uk 020 8804 4126 (ext.649)</p>
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The form should be completed and returned by the person who will be ultimately responsible for: -

- The payment of the charges for the use of the accommodation and other facilities; *and*
- Providing insurance in line with the conditions laid down by the Trust.

<p>All lettings are subject to the Trust's Lettings Policy Before a contract is agreed, additional documents will be required and depending on the use these may be, but are not limited to: -</p> <ul style="list-style-type: none"> • A DBS check certificate (e.g. if running clubs for children under 18 years old or using premises during the academy working day) <ul style="list-style-type: none"> • A valid Public Liability Insurance certificate <ul style="list-style-type: none"> • A valid first aid certificate • A valid licence (if appropriate) • A copy of the hirer's statutory policies (e.g. child protection, health and safety)
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Any personal information you give to us will be processed in accordance with GDPR and the Data Protection Act 2018. We will use the information to process your booking and to provide any relevant further information relevant to your application. Statistics may also be anonymously used to support the Trust's marketing and market research activities for future lettings arrangements. It will not be shared with any third parties. The Trust is also subject to the requirements of the Freedom of Information Act 2000 and as such anonymous information with regards to lettings or potential lettings may be sought and disclosed under that legislation.

SECTION A

Details of organisation / individual	
Name	
Address	
Postcode	e-mail
Telephone	Mobile

Aims of the organisation / individual	
<input type="checkbox"/> Charity (non-profit)	<input type="checkbox"/> Business / commercial
CHARITY NO. <input style="width: 150px;" type="text"/>	COMPANY NO. <input style="width: 150px;" type="text"/>
<input type="checkbox"/> Other (Please specify) <input style="width: 400px;" type="text"/>	



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Name(s) of the leader / organiser who will be in attendance		
Name		
Position		
Name		
Position		
Please state the type of activity or event / name and purpose of meeting below: -		
Please provided estimated breakdown of numbers attending: -		
No. of Adults	No. of young people 9 – 18 YEARS OLD	No. of children UNDER 9 YEARS OLD

SECTION B

Location preference:	
<input type="checkbox"/> Cuckoo Hall Academy (N9 8DR)	<input type="checkbox"/> Kingfisher Hall Academy (EN3 7GB)
<input type="checkbox"/> Enfield Heights Academy (EN3 5BY)	<input type="checkbox"/> Woodpecker Hall Academy (N9 8BF)
<input type="checkbox"/> Heron Hall Academy (EN3 4SA)	<input type="checkbox"/> No preference

Accommodation and facilities preference (this may affect location preference):			
<input type="checkbox"/> Sports hall	<input type="checkbox"/> Playing field	<input type="checkbox"/> Car parking facilities	
<input type="checkbox"/> Changing room	<input type="checkbox"/> All weather pitch	<input type="checkbox"/> Tea making facilities	
<input type="checkbox"/> Toilet access	<input type="checkbox"/> Playground	<input type="checkbox"/> Reception services	
<input type="checkbox"/> Classroom	No. of rooms: _____	No. of tables: _____	No. of chairs: _____
<input type="checkbox"/> Specialist classroom	No. of rooms: _____	No. of tables: _____	No. of chairs: _____
<input type="checkbox"/> Dance / drama studio		No. of tables: _____	No. of chairs: _____
<input type="checkbox"/> Dining hall		No. of tables: _____	No. of chairs: _____
<input type="checkbox"/> Main hall		No. of tables: _____	No. of chairs: _____
<input type="checkbox"/> Meeting room		No. of tables: _____	No. of chairs: _____
Additional information:			



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Days / times required (you must include preparation / packing-up time)			
Please specify if requesting an ongoing / recurring booking and the duration			
Days	Dates (From / to)	Time(s)	No. of weeks
Monday	<input type="checkbox"/>		
Tuesday	<input type="checkbox"/>		
Wednesday	<input type="checkbox"/>		
Thursday	<input type="checkbox"/>		
Friday	<input type="checkbox"/>		
Saturday	<input type="checkbox"/>		
Sunday	<input type="checkbox"/>		
Additional Information:			

SECTION C

Will the event be open to members of the public? Yes No

If yes, please specify below unless otherwise clearly stated in Section A

SECTION D

Will alcohol be available? Yes No
PLEASE SEE LICENSING SECTION OF OUR LETTINGS POLICY

If alcohol will be available then please state:-

(a) type of alcohol available? Beer Wine Spirits

(b) how the alcohol will be paid for? Licensee present Guests to provide own

Will any electrical equipment be used on the premises? Yes No

If 'Yes', please specify



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Will any charge be made to people attending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes' please provide details of the amount and to what purpose proceeds will be devoted		
Will copyright materials be used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will gambling occur on premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date form completed	DATE:	
		DD MM YY

FOR OFFICE USE ONLY

	Name	Date
Received by		
Approved by		
Confirmed by		
Programmed by		
Cancelled by		

Is a copy of the hirer's policies / procedures required? Yes No

If 'Yes', please specify _____

AGREED COSTS	
Area charge	£ _____
Equipment charge	£ _____
Refreshments	£ _____
Less deposit	£ _____
Discount applied	£ _____
TOTAL	£ _____

PAYMENT DATES	
Deposit due	_____
Deposit paid	_____
Full payment due	_____
Full payment paid	_____