



STEWARDS ACADEMY

SCIENCE SPECIALIST

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 e-mail: admin@stewardsacademy.org
 Website: <http://www.stewardsacademy.org>



Headteacher: Mrs H. Ginger BSc Mathematical Sciences

DATA PROTECTION ACT

Any personal data entered on this form may be held on computer files

Please return this form to the above address,
 c/o MR MANN, POOL & LETTINGS
 MANAGER
 e-mail: nmann@stewardsacademy.org

APPLICATION TO HIRE FACILITIES OR SERVICES

Status of Hirer (please tick the relevant box)	Charity or CASC (As defined by HMRC)	Commercial
Charity or CASC Registration Number		
Name of Hirer (person making the application)		
Address of Hirer		
E-mail of Hirer		
Telephone Number of Hirer	Daytime:	
	Mobile:	
Organisation or Team		
Name and address for invoice if different from above		

Areas Required

Please tick the relevant box

Sports Hall – Whole (4 Courts)		Main Assembly Hall (Dance, Aerobic Classes etc)	
Sports Hall – Half (2 Courts)		M.U.G.A.	
Swimming Pool		Pool Party	

Flexi Suite (Gym Hall) - Whole		Flexi Suite (Gym Hall) - Half	
Drama/Dance Studio		Classroom(s) please state the number required (max 20 people per classroom)	
Conference Room		Field / Football Pitch	

Dates and Times

Dates and times should include any additional preparation, assembly, changing and clearing that may be required. Please specify any holiday dates

Day	Times		Dates (inclusive)		Number of Weeks/Sessions	Purpose for which the facility is required and additional notes
	Start	Finish	From	To		

Safeguarding and DBS

If you will be operating an activity for vulnerable adults or young people under the age of 18, you must have a Safeguarding Policy in place as well as ensuring that those working with these groups have an up to date DBS check, especially when working one to one or unsupervised. In signing this agreement you are confirming that this is the case and the Safeguarding Policy would be available on request.

You will be required to maintain a dated register of those attending each session for Safeguarding purposes.

Name of Person(s) responsible for Safeguarding and DBS Checks within the organisation		
E-mail of Person(s) responsible for Safeguarding and DBS Checks		
Telephone Number of Person(s) responsible for Safeguarding and DBS Checks	Daytime:	
	Mobile:	

Please give the names, addresses and telephone	
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numbers of all the Leaders/Instructors involved		
Name:	DBS Number	
Address:	Current Qualifications	
Telephone No:		
Name:	DBS Number	
Address:	Current Qualifications	
Telephone No:		
Name:	DBS Number	
Address:	Current Qualifications	
Telephone No:		
Name:	DBS Number	
Address:	Current Qualifications	
Telephone No:		

Please continue on a separate sheet if required

Please notify the Pool and Lettings Manager if any of these details change

DECLARATION

I confirm that I have read and understood the Academy's Lettings Policy and Terms and Conditions and that I agree to comply with these documents and other related policies and procedures that may be issued from time to time.

I confirm that I have adequate Public Liability insurance as specified within the Terms and Conditions and a copy is attached.

NAME (the Hirer) _____ please print

On Behalf of (the Organisation / Team) _____

SIGNATURE _____ DATE. _____

Occasionally it may be necessary for the Academy to cancel a booking due to an overriding Academy requirement or for Health and Safety reasons beyond our control. In these circumstances an alternative date or refund will be offered to you