|  |  |
| --- | --- |
| **Visiting Organisation** |   |
| **Contact person for booking** |  **Name:**  |
|  **Address:**  |
|  **Mobile:** |
|  **Email:**  |
| **Purpose for hiring** |

|  |  |
| --- | --- |
|  | Meeting |
|  | Education Session |
|  | Client Consultations - MTHCS credentialing requirements to be completed  |
|  | Other – please explain |

 |
| **Location of MTHCS property**  |  |
| **Name of room requested** |  |
| **Hiring dates and times** |  |
|  |
| **Date** | **Time In** | **Time Out** |  **Staff Member** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  **Public Liability Insurance** | Please attach a copy of your public liability |
|  **Additional requirements** | Tea/Coffee/Milk, Projector/Screen, Laptop, Catering |
| **Person Responsible for invoice** |  **Address:**  |
|  **Phone:**  |
|  **Email:**  |

The following conditions apply:

* Provide a copy of your agencies COVID safe plan specific to the location being used at MTHCS.
* Ensure that the site is left in a clean and tidy condition.
* For agencies providing ongoing service at MTHCS sites refer to conditions within MOU agreement.
* Should access be required after hours, arrangement for access is to be made in advance.
* Lock up procedures to be followed at the end of session use.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I/We acknowledge that the information contained on this application form is true and correct and that I/we have read and fully understand conditions of hire set out by MTHCS and agree to abide by these conditions.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**: |  | **Position:** |  |
| **Signature:** |  | **Date:** |  |

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