|  |  |  |  |
| --- | --- | --- | --- |
| **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:** |  | |