



**APPLICATION FOR LICENCE TO USE CHURCH FACILITIES FOR
NON-SECOND COMBER ORGANISATIONS**

COMPLETED FORM TO BE SENT TO THE CHURCH OFFICE

NI Charity No 105165

Application Date: (dd:mm:yy) _____

1.00 Proposed Day, Date & Time of Event: Day/Date _____ From _____ To _____

1.01 Organisation's Name: _____

1.02 Northern Ireland Charity Number _____

1.03 Name of Leader in Charge: _____

Phone No: _____ Mob: _____

1.04 Email address _____

1.05 Event Purpose: _____

2.00 Facilities Requested: _____

2.01 Are you bringing electrical equipment on to our premises? Yes/No (delete as appropriate)

If Yes, does it comply with the Portable Appliance Test? Yes/No (delete as appropriate)

3.00 Anticipated Number of People Attending By Age Group:

Under 5: _____ 5 - 10: _____ Over 18: _____

4.00 Insurance Cover Details: _____
(Copy to be attached) _____

5.00 Health & Safety Arrangements: _____
(Copy of risk assessment to be attached) _____

6.00 Child Protection Arrangements if Applicable: _____
(Copy of policy to be attached) _____

Reminder: Your Organisation is Responsible for Obtaining Parental/Guardian Consent

7.00 Approved / Not Approved: Signature: _____

Date: _____

FACILITIES MUST BE LEFT AS FOUND PLEASE

Note: A copy of this template can be found at: <http://www.secondcomber.co.uk/resources.html>

Notes

- 1.00 Specify start and finish including any setup times.
- 1.01 Full name of organisation.
- 1.02 Give NI Charity Number if registered with NI Charity Commission.
- 1.03 Person who will be responsible for overseeing arrangements.
- 1.04 Please provide an email address.
- 1.05 Reason for the request of the facilities and indicating allocation of any monies raised (Only non - profit making events will be considered).

- 2.00 Specify all facilities required both inside and outside.
- 2.01 All electrical equipment must be tested annually by a qualified electrician under the Portable Appliance Testing Regulations and be marked as such.

- 3.00 Approximate number of people attending by age.

- 4.00 Name of insurance company, ensuring plan date of event is covered.

- 5.00 Based on facilities requested carry out a detailed risk assessment(s).

- 6.00 List all those who will be supervising at the event (If insufficient space on form attach details).

- 7.00 Feedback on application will be given within 1 week following the Committee Meeting to which the application is presented.

Please ensure your application is made well in advance of event date e.g. 12 weeks before or sooner.

