**All completed forms should be returned to: -**

|  |
| --- |
| **Lettings****North Star Community Trust**Cuckoo Hall Lane, Edmonton, London N9 8DRlettings@northstartrust.org.uk 020 8804 4126 (ext. 642) |

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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.
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| **All lettings are subject to the Trust’s Lettings Policy****Before a contract is agreed, additional documents will be required and depending on the type of let these may be, but are not limited to: -*** A DBS check certificate (e.g. if running clubs for children under 18 years old or using premises during the academy working day)
* A valid Public Liability Insurance certificate
* 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 UK 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. It will not be shared with any third partiesStatistics may also be anonymously used to support the Trust’s marketing and market research activities for future lettings arrangements.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 |  | Phone |  |  |
|  | Email |  |  |
|  |
| **Aims of the organisation / individual** |
|  |
|  | [ ]  | Charity (non-profit) |  |  | [ ]  | Business / commercial |  |
|  |
|  | CHARITY NO. |  |  |  | COMPANY NO. |  |  |
|  |
|  | [ ]  | Other (Please specify) |  |  |
|  |
| **Name(s) of the leader / organiser who will be in attendance** |
|  |
|  | 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 |  |  |
|  |

|  |
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| **SECTION B** |
|  |
| **Location preference:** |
|  |
|  | [ ]  | [Enfield Heights Academy](https://www.enfieldheightsacademy.org.uk) (EN3 5BY) |  | [ ]  | [Heron Hall Academy](https://www.heronhallacademy.org.uk) (EN3 4SA) |  |
|  |  |  |  |  |  |  |
|  | [ ]  | [Kingfisher Hall Academy](https://www.kingfisherhallacademy.org.uk/) (EN3 7GB) |  | [ ]  | [Woodpecker Hall Academy](https://www.woodpeckerhallacademy.org.uk/) (N9 8DR) |  |
|  |  |  |  |  |  |  |
|  | [ ]  | The Nest (Nightingale Road) (N9 8BF) |  |[ ]  NO PREFERENCE |  |
|  |
| **Accommodation and facilities preference (this may affect location preference):** |
|  |  |  |  |  |  |  |  |  |  |
|  | [ ]  | 4G AstroturfFULL PITCH |  | [ ]  | 4G AstroturfHALF PITCH |  | [ ]  | Sports hall |  |
|  | [ ]  | Changing room |  | [ ]  | Playing field |  | [ ]  | Car parking  |  |
|  | [ ]  | Toilet access |  | [ ]  | Playground |  | [ ]  | Tea making facilities |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | INDICATE NUMBER REQUIRED WHERE APPROPRIATE BELOW |  |
|  | [ ]  | Classroom |  | Rooms? |  |  | Tables? |  |  | Chairs? |  |  |
|  | [ ]  | Specialist classroom |  | Rooms? |  |  | Tables? |  |  | Chairs? |  |  |
|  | [ ]  | Performing arts  |  |  |  |  | Tables? |  |  | Chairs? |  |  |
|  | [ ]  | School hall |  |  |  |  | Tables? |  |  | Chairs? |  |  |
|  | [ ]  | Meeting / training room |  |  |  |  | Tables? |  |  | Chairs? |  |  |
|  | [ ]  | Classroom |  |  |  |  | Tables? |  |  | Chairs? |  |  |
|  |
| Any additional information |
|  |
|  |
| **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(s) | [ ]  |  |  |  |
| Tuesday(s) | [ ]  |  |  |  |
| Wednesday(s) | [ ]  |  |  |  |
| Thursday(s) | [ ]  |  |  |  |
| Friday(s) | [ ]  |  |  |  |
| Saturday(s) | [ ]  |  |  |  |
| Sunday(s) | [ ]  |  |  |  |
|  |
| Any additional information |
|  |
| **SECTION C** |
|  |
| **Event specifics** |
|  |  |  |  |  |  |  |  |  |
|  | **Will the event be open to members of the public?** | [ ]  | Yes**\*** |  | [ ]  | No |  |
|  |  |  |  |  |  |  |  |  |
|  | **\***If ‘Yes’, please specify below (unless otherwise clearly stated in Section A above) |  |
|  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **Will alcohol be made available?**SEE LICENSING SECTION OF OUR LETTINGS POLICY | [ ]  | Yes**\*** |  | [ ]  | No |  |
|  |  |  |  |  |  |  |  |  |
|  | \*If ‘Yes’ then please clarify: -  |  |
|  | 1. type of alcohol available
 | [ ]  | Beer / ale  | [ ]  | Wine | [ ]  | Spirits |  |
|  | 1. how will it be paid for
 | [ ]  | Licensee present | [ ]  | Guests to provide own |  |
|  |  |  |  |  |  |  |  |  |
|  | **Will any electrical equipment be required?**SEE HEALTH AND SAFETY SECTION OF OUR LETTINGS POLICY | [ ]  | Yes**\*** |  | [ ]  | No |  |
|  |  |  |  |  |  |  |  |  |
|  | **\***If ‘Yes’ then please clarify: - |  |
|  | 1. We will bring our own (subject to provision of PAT certificate)
 | [ ]  | Specify in (c) |  |
|  | 1. We will require some Trust equipment
 | [ ]  | Specify in (c) |  |
|  |  |  |
|  | 1. Type of electrical equipment
 |  |
|  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Will any charge be made to people attending?** | [ ]  | Yes**\*** |  | [ ]  | No |  |
|  |  |  |  |  |  |  |  |  |
|  | **\***If ‘Yes’ please provide details of the amount and to what purpose proceeds will be devoted |  |
|  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Will gambling occur on premises?** | [ ]  | Yes |  | [ ]  | No |  |
|  | **Will copyright materials be used?** | [ ]  | Yes |  | [ ]  | No |  |
|  |  |  |  |  |  |  |  |  |
|  | **Date form completed** | DATE: |  |  |
|  |  |  |  |  |  | **DD / MM / YY** |  |  |