

## **ROOM BOOKING FORM**

Please complete this form digitally on the computer. Handwritten submissions will not be accepted.

Name of User Group:			
Name of Hirer:			
Address:			
Postcode:			
Email address:			
Phone Number:			
Do you have valid Public			
Liability Insurance? Please			
include a copy.			
Purpose of hire and description			
of activity:			
Room Required:			
Drawing Room and/or			
Legge Room and/or			
Studio 15 and/or			
The Barn Gallery			
(Please note, WIFI is not available			
in the Barn.)			
Number of expected attendees:			
Date(s) of hire (list all required			
dates):			
Start time (to include set up)	ſ	Finish Time (to include clear up)	
Number of tables/ chairs			
required:			
Please note that setting up and			
putting back tables is the			
responsibility of the hirer.			





Assistance may be provided if	
sufficient notice is given, and	
circumstances require.	

## The Schedule

The Hirer must adhere strictly to the following requirements for securing the Building and the Site following the end of the Hiring:

- **1.** Hirer must check to ensure that no other users of the Building are present in the Building by referring to the "sign-in/sign-out) sheets pinned up by the entrance door.
- 2. If Hirer and his group are is last out, he must ensure that all persons within his group participants have left the Building following which he shall lock the entrance door and double check that it is securely locked.
- **3.** Hirer shall close and lock the gate to the Site on his way out

In the event of any difficulty Hirer must contact David Harbey on 07943 557564 or Hilary Grayson Trustee responsible for facilities and property on 07967 742598.

## **Declaration:**

By signing (electronically) and returning this booking, form I agree to comply with the Terms and Conditions of Hire and Fire Safety Procedures available on Westbury's Website, under the Venue Hire tab, <u>click here</u> to open the page.

I understand that I will be invoiced prior to my booking and that payment must be received by the date stipulated on the invoice.

Signed (electronically):		
Print Name:		
Date:		



## **Risk Management Form**

Please complete this form digitally on the computer. Handwritten submissions will not be accepted.

Catastrophi	5	5	10	15	20	25
С						
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Insignificant	1	1	2	3	4	5
		1	2	3	4	5
		Remote	Unlikely	Possible	Probable	Highly
						Probable

Scoring	Common Risks	General Hazards at WAC
Under 5 - Green	Falls from height	Asbestos (Report available if needed)
5-10 – Amber	Slips/trips on single level	Uneven staircases and floors
10-12 Orange	Burns	Unknown electrics in some areas
Above 12 Red	Effects from toxic	Shared kitchen facilities
	substances	Bees and beehives
		Moat and uneven grounds
		Some studios have specific
		equipment

Risk Assessment carried out by [Name]
Date
Event Details

Item	Score	Comment