Urlingford
Community Centre

Booking Request Form

Urlingford Community Centre

Urlingford Community Centre: Booking Request Form

This form is completed online using our booking system, the form is summarised below for the purpose of allowing users to be prepared to complete the form online.

1. Applicant Details:

Name of Group / Organisation / Business:

_____

Registered Company / Charity Number (if applicable):

_____

Group Status (tick one):

- ☐ **Group 1:** Meetings of Parish and Community Groups without a source of funding providing Altruistic Services to the community e.g. First responders, Parish Liturgy Group, Parents Council.

- ☐ **Group 2:** Meetings of Clubs and Organisations active in the community Funded Exclusively by Membership Fees e.g. Bridge Club, Book Club, Flower Club, Active Retirement.

- ☐ **Group 3:** Meetings of Clubs and Organisations funded by Membership Fees and External Funding Sources e.g. Macra na Ferma, IFA, GAA.

- ☐ **Group 4:** Sole Trader and Micro Businesses providing a service within the community on a fee-paying basis e.g. Irish Dancing Yoga, Art Classes.

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☐ **Group 5:** Larger State Funded Organisations providing services within the Community e.g. Education and Training Board, Kilkenny County Council, Kilkenny LEADER Partnership.

☐ **Group 6:** Commercial or Other groups wishing to hire a room for a Community Event / Fundraiser.

☐ **Group 7:** Children's Birthday Party use of kitchen to warm or serve food only.

☐ **Group 8:** Families wishing to hire the venue for a Funeral. *(Arranged with undertaker)*

Primary Contact Details:

Contact 1 (Main Contact)

Name: _____

Phone Number: _____

Email: _____

Contact 2 (Secondary Contact)

Name: _____

Phone Number: _____

Email: _____

Correspondence Address:

_____

_____

_____

_____

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2. Insurance Details:

Insurance Company: _____

Policy Number: _____

Expiry Date: _____

Public Liability Cover Amount: € _____

Do you hold valid Employers' Liability Insurance?

- ☐ Yes
- ☐ No
- ☐ Not Applicable *(Self-Employed / No Employees)*

Do you hold valid Professional Indemnity Insurance?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Is an Indemnity Letter attached?

- ☐ Yes
- ☐ No

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3. Safe Guarding Details (If Applicable)

Do you work with children or vulnerable persons?

- ☐ Yes
- ☐ No

If you answered "No" please skip these questions:

Do you have a Child Safeguarding Policy in place?

- ☐ Yes
- ☐ No

Are all leaders Garda Vetted?

- ☐ Yes
- ☐ No

Is a child Safeguarding Statement in place?

- ☐ Yes
- ☐ No

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4. Booking Details:

Type of Booking:

- ☐ One-off event
- ☐ Weekly booking
- ☐ Monthly booking
- ☐ Block booking

Dates Requested:

_____

Room/Space Required:

- ☐ Dance Hall
- ☐ Radharc an Chaisleáin
- ☐ Seomra an Mhuilinn
- ☐ The Billiards Room

Estimated Number of Attendees: _____

Start Time: _____ Finish Time: _____

5. Booking Purpose:

Please describe what you will be doing:

- ☐ Children's Party
- ☐ Community Event
- ☐ Dance
- ☐ Fitness
- ☐ Martial Arts

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- ☐ Meeting / Presentation
- ☐ Party
- ☐ Pilates
- ☐ Teaching / Coaching
- ☐ Yoga
- ☐ Other: _____

Will admission be charged?

- ☐ Yes
- ☐ No

Will food or refreshments be served?

- ☐ Yes
- ☐ No

Brief Description of Activity:

_____

_____

_____

_____

_____

_____

6. EQUIPMENT REQUIRED:

Number of Tables required: _____ Number of Chairs required: _____

- ☐ Microphone
- ☐ PA System
- ☐ Kitchen Access

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Additional Requirements:

_____

_____

_____

_____

_____

7. Health & Safety Requirement:

The applicant agrees to comply with all Health & Safety regulations, ensure adequate supervision, leave the premises clean and in good condition, and report any damage or incidents immediately.

8. Data Protection:

Information collected on this form will be used solely for administration purposes and processed in accordance with GDPR requirements.

9. Signed Declaration:

I confirm that the information provided is accurate and complete.

Name (Print): _____

Position in Group: _____

Date (dd/mm/yyyy): _____

Signature: _____

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10. Official Use Only:

Date Application Received: _____

Insurance Certificate Received:

- ☐ Yes
- ☐ No

Indemnity Letter Received:

- ☐ Yes
- ☐ No

Application Approved:

- ☐ Yes
- ☐ No

Approved By: _____

Comments:

_____

_____

_____

_____

_____

_____

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_____