

Our Ref: ML/Admin

Date as postmarked

Dear Sir/Madam

APPLICATION FOR USE OF COUNCIL PARKLAND

Please find enclosed an application form for use of our Council Park and a Risk Assessment Form for completion by you.

Any bookings in our parks require Public Liability Insurance cover of £1 million and evidence of this needs to be submitted to me, at this address, at least 2 weeks before the date of the event. This can either be posted in with the completed application form or faxed to me on 028 90 340062.

Once the application form has been considered, we will confirm in writing whether or not permission has been granted.

Yours sincerely

**Business Support Officer
Leisure Services**

Enc

2 Name of Park Requested _____

Specific Area within the Park to be used: _____

Anticipated number of spectators (approximate) _____

Set up: Date: _____ Time: From _____ to _____

Actual Event: Date: _____ Time: From _____ to _____

Recovery: Date: _____ Time: From _____ to _____

3 Details of any set-up or recovery required: (if any temporary structures eg tents/marquees/portable toilets are to be erected by the hirer please detail these in this section). NB **Newtownabbey Borough Council cannot provide metal barriers for crowd control.**

4 Details of any motorised vehicles to be taken onto grass areas of the park.

5 Please detail when and how any litter, accrued by the event, will be removed by yourselves.

6 Details of any special factors which need to be taken into consideration eg Access for people with disabilities.

7 Details of any other requirements

8 Public Liability Insurance Cover with a £1million indemnity level is required for any events held with Council parklands. Please provide the contact details of your insurance brokers and arrange to forward evidence of your cover to Ray Smith, Leisure Services or fax 02890 340062. Evidence of valid insurance must be produced before any event takes place.

Name of Insurer _____ Amount of Cover: £ _____

Insurers Address _____

Tel No _____

The applicant hereby agrees to be bound by the Conditions of Use (a copy of which is enclosed): completion of this application form: and adherence to all other requirements requested in respect of the application. Delivery and receipt of the confirmation of booking shall be the binding acceptance of this his/her offer.

Signature of OR on behalf of the applicant: _____

Name (Please print): _____ **Date:** _____

**THIS BOOKING IS NOT CONFIRMED UNTIL THIS FORM IS COMPLETED
AND OFFICIAL CONFIRMATION IS RECEIVED**

Please Note:

1. The Council's Conditions of Use must be adhered to.
2. No items of alcohol, food or drink can be retailed without prior written permission from Newtownabbey Borough Council.
3. The applicant will be responsible for raising all insurance necessary to cover Public Liability and any other eventuality that may arise. Insurance details must be forwarded to Angela Lindsay or Jane Agnew at Newtownabbey Borough Council in this respect not later than 2 weeks prior to your event.
4. The applicant will be responsible for ensuring that adequate supervision, marshalling, stewarding and first aid requirements are provided and to ensure safety standards associated with this booking are in place and adhered to. These should be discussed and agreed with the Parks & Cemeteries Manager in advance of the event. Additionally, depending on the nature of your event, Newtownabbey Borough Council may require you to provide a Health and Safety Plan.
5. Facility charges in respect of "Special Events" may be subject to negotiation.
6. Newtownabbey Borough Council reserves the right to cancel an event if insurance is either not received on time or is not considered adequate by the Council's insurers.
7. In addition each user must ensure that any damage effected to Council property must be reinstated on the conclusion of hire.

Once completed please return this form to Angela Lindsay or Jane Agnew at, Leisure Services Department, Newtownabbey Borough Council , Mossley Mill, Newtownabbey, BT36 5QA. On approval you will receive a letter of confirmation.

RISK ASSESSMENT RECORD SHEET							
ACTIVITY / AREA _____				ASSESSMENT BY _____			
LOCATION				ASSESSMENT DATE _____			
				SHEET NO: _____			
HAZARD	PERSONS EXPOSED	EXISTING PRECAUTIONS	SEVERITY	LIKELIHOOD	RISK	ADDITIONAL CONTROL MEASURES REQUIRED / Recommendations	PRIORITY

PRIORITY CODE 1 - Action Immediately 2 - Action within 4 weeks 3 - Action within 3 months 4 –Review within 6 months