



## APPLICATION FORM FOR USE OF SCHOOL PREMISES

Name of Applicant/Club \_\_\_\_\_

Address \_\_\_\_\_

Phone no. \_\_\_\_\_ Mobile no. \_\_\_\_\_

Email address \_\_\_\_\_

What facilities are required \_\_\_\_\_

Number of Teachers providing the class/s \_\_\_\_\_

Age group of pupils \_\_\_\_\_ No. of pupils in each class \_\_\_\_\_

Name and address of person in charge (if different from applicant) \_\_\_\_\_

Phone no. \_\_\_\_\_ Mobile no. \_\_\_\_\_

Email address \_\_\_\_\_

Day/s of week \_\_\_\_\_

Number of classes on each day (i.e. Monday 2 classes) \_\_\_\_\_

Duration of class (actual length of class) \_\_\_\_\_

Starting time required \_\_\_\_\_ Finish time \_\_\_\_\_

Proposed start date \_\_\_\_\_ Proposed finish date \_\_\_\_\_

Do you intend to offer places to pupils outside of those attending AETNS. Please tick

Yes  No

Details of insurance (Please enclose a copy) \_\_\_\_\_

How much do you intend to charge your parents for your classes: € \_\_\_\_\_ term duration

How do you intend to pay: Monthly  By term

Please tick the boxes to agree to the following:

- Agree to clean or employ a cleaner for the area provided including the toilets

- Agree to abide by relevant policies e.g. fire and safety

- Agree any damage to property will be at club's expense

- Agree to work alongside school

### Office use only

Date application received \_\_\_\_\_

Decision of BOM Approved  Declined

Rate of rent agreed \_\_\_\_\_

Arrangement for rent to be paid: Monthly  Per Term

Date of commencement of usage \_\_\_\_\_

Room/hall allocation \_\_\_\_\_