

1. **THE LETTING AGREEMENT APPLICATION**

**17.1** For the Term of this Agreement the Trust shall permit the Lettee to hire and have use of the following premises or part thereof:

[enter details].............................................................................................



On the following weekdays:[enter details]



17.1.2 For the Term of this Agreement the Trust shall permit the Lettee to hire and have use of the following items of equipment:

[enter details]

on the following weekdays:

[enter details]

17.1.3 For the Term of this Agreement the Lettee shall pay the Trust the sum of:

£ [enter lettings charges]......

For each Hour/ Week/ Month/ Year [delete as appropriate]

AGREEMENT for the Provision of the Services given in the Letting Agreement Application AGREED by the Parties and HEREBY EXECUTED UNDER HAND through their authorised signatories:

For and on behalf of Our Lady of Lourdes Catholic Multi-Academy Trust

Authorised Signatory

Print Name

Designation,

Dated

For and on behalf of [Lettee name]

Authorised Signatory

Print Name:

Designation

Dated

|  |
| --- |
| **Application for Use of Premises** |
| **PART 1- For completion by Hirer** |
| Name of Academy |  | *For Office Use* |
| Day(s) and Date(s) |  | *Charge per session* |
| Period (regular bookings) | From |  | To |  | £ |
| Time(s) - inclusive | From |  | To |  | *Per day/ week/ month/ year* |
| Anniversary date |  | *Commencement:* |
| Purpose of booking |  | *Charity disc. applied?* |
| Public Admittance? | Yes | No |  |
| **Licensing** / **intention to serve alcohol** |
| Are you intending to serve alcohol? | Yes | No |  |
| Please provide details of your licence here |  |
| **If claiming a charity discount for a charity event** |
| Charity number |  |
| Proceeds in aid of |  |
| Charity number |  |
| **Please tick accommodation/facilities required** |
| **ACCOMMODATION** | **COST PER** | **QTY** | **TOTAL** | **EQUIPMENT/ FURNITURE** | **COST PER** | **QTY** | **COST** |
|  | £ | - | 1 | £ | - |  | £ | - | 1 | £ | - |
|  | £ | - | 1 | £ | - |  | £ | - | 1 | £ | - |
|  | £ | - | 1 | £ | - |  | £ | - | 1 | £ | - |
|  | £ | - | 1 | £ | - |  | £ | - | 1 | £ | - |
|  | £ | - | 1 | £ | - |  | £ | - | 1 | £ | - |
|  | £ | - | 1 | £ | - |  | £ | - | 1 | £ | - |
|  | £ | - | 1 | £ | - |  | £ | - | 1 | £ | - |
|  | £ | - | 1 | £ | - |  | £ | - | 1 | £ | - |
|  | £ | - | 1 | £ | - |  | £ | - | 1 | £ | - |
|  | £ | - | 1 | £ | - |  | £ | - | 1 | £ | - |
|  | £ | - | 1 | £ | - |  | £ | - | 1 | £ | - |
| **SUBTOTAL COST (ACCOMMODATION)** | £ | - | **SUBTOTAL COST (EQUIPMENT/FURNITURE)** | £ | - |
|  |
| **CARETAKING COSTS** | **COST PER HR** | **QTY** | **TOTAL** |
|  | £ | - | 1 | £ | - |
| **TOTAL COST****VAT GRAND TOTAL** | £ |  |  |  | - |
| £ |  |  |  | - |
| £ |  |  |  | - |

|  |
| --- |
| **Personal Details of the person making the application** |
| **TITLE** | **SURNAME** | **INITIALS** | **ADDRESS** |
|  |  |  | , |
| **Telephone** | **Email** |  |
| I agree to observe the Trust/ Academy conditions of hiring and pay the assessed charges.Signed: Date:On behalf of (name of Organisation) N.B. Applicant will remain responsible for the payment of accounts unless the Organisation gives notification of a change |
| Name and address to whom invoice should be addressed if different from above: |
|  |

Approval is given to the above applicant subject to the hiring conditions. The lettings charge has been assessed above according to the number and type of room used, the duration of occupation and any equipment hired. A final calculation will be made and amended If requirements vary from those stated above. An account will be issued in due course. Cheques and remittances should be made payable to Our Lady of Lourdes Catholic Multi-Academy Trust.

Terms are 30\_davs\_riet -

**PART 2** - **For completion by Principal** / **Authorised Officer of the Trust**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Signed: |  |
| Date: | Principal/ Authorised Officer  | Date: | (For the Premises Team)  |