



**Strathbrock
Partnership Centre**

Scottish Charity Number SC003683



West Lothian Council

**APPLICATION FOR USE OF STRATHBROCK COMMUNITY CENTRE
SESSIONAL LET**

Please complete the following in BLOCK CAPITALS (see notes overleaf for guidance)

Section 1 – Details of Applicant

Name of Organisation			
Name of Applicant		Post Held	
Address			
		Post Code	
Daytime Tel No		Evening Tel No	

Section 2 – Details of Person in Attendance

Name of Applicant		Post Held	
Address			
		Post Code	
Daytime Tel No		Evening Tel No	

Section 3 – Details of Treasurer

Name of Treasurer			
Address			
		Post Code	
Daytime Tel No		Evening Tel No	

Section 4 – Accommodation

Type of Activity							
Accommodation required	Main Hall	Play Room	G.P. 1	G.P. 2	A.L.R	Youth Room	Coffee Lounge
Start Time							
End Time							
Numbers expected in each							
Additional requirements e.g tables, chairs, etc							

Section 5 – Duration

Day of Week	Start Date	End Date	Frequency	Charges (office use only)	
					Per hour
					Per hour
					Per hour

Continued overleaf



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Section 6

			Comments
(a)	Will food be prepared on the premises?	Yes/No (delete)	
(b)	Are instructional charges made by user?	Yes/No (delete)	
(c)	Will alcohol be sold on the premises?	Yes/No (delete)	
(d)	Is your group a youth group?	Yes/No (delete)	
(e)	Will music be played?	Yes/No (delete)	

Having read the Committee's Letting Conditions, Scale of Charges and notes below, I wish to apply for the above accommodation on the conditions stated. I declare that I am over 25 years of age.

Signature _____

Date _____

Notes

Section

- 1 To be completed by the person who is to receive all correspondence.
- 2 To be completed by the person in attendance who will be responsible for the group on the day(s) of let(s) and for ensuring compliance with the Conditions of Let.
- 3 To be completed by the person who is to receive invoices.
- 4 Please indicate whether hall, room, etc, required, along with start time, end time and the approximate numbers expected in each.
- 5 If booking for the whole session, please indicate first and last dates required along with the frequency, e.g weekly.
- 6 [a] The kitchen is equipped for basic level cooking. The kitchen should be used in accordance with the Food Safety (General Food Hygiene) Regulations 1995.
[b] The 'instructional' rate shall apply
[c] A liquor licence should be obtained by phoning **01506 777227**
[d] A Youth Registration Form must be completed and returned to the Community Education for approval.
[e] Music must not exceed the maximum level of 85dba.

Charges will vary according to the type of group/organisation

Applications and enquiries on letting of Strathbrock Community Centre should be directed to:-

Strathbrock Community Centre
189{a} West Main Street
Broxburn
EH52 5LH

Telephone 01506 771733



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ROOM SET UP REQUIREMENTS

GROUP	
DAY/DATE OF LET	
ROOM	
NO OF TABLES	
NO OF CHAIRS	
ANY OTHER REQUIREMENTS	

LAYOUT OF ROOM