Cicely Saunders Room Bookings - External Users

* Mandatory requirement

* Name of Group/Organisation: ....

* Organisation overview/purpose: ....

* Charity/Community Group/ etc: ☐ Yes ☐ No ☐ Pre-approved organisation regular hire ☐ Other

* Fee category: (Fee structure page 2) *** Fee Category #1** ☐ Yes *** Fee Category #2** ☐ Yes

* Event Details: ....

* Date room required: ....

* Contact person using the room: ....

* Email: ....

* Address/Postal Address: ....

* Phone: (   ) .... * Cell: ....

* Approximate number of people attending: ....

* **Rental period: (Fee structure page 2) * Hirer must come into Hospice for induction prior to hire.**

☐ 1 – 3 hours Time: ....   ☐ Half Day (Weekday up to 4 hours) Time: ....

☐ ½ Day   Time: ....   ☐ Full day (Up to 10 hours)   Time: ....

Nelson Tasman Hospice (NTH) Office use only: NTH to complete security access induction & guidelines:

☐ Fire Safety ☐ Use of room ☐ Technology ☐ Cleaning ☐ Room setup ☐ NTH Policy/Guidelines

☐ Security access code: .... Date: .... NTH Staff Member: ....

☐ Security access card returned to reception: Date: .... NTH Staff Member: ....

NTH approval & payment:

NTH Staff member approved room hire #1:   Date: .... Signed: ....

NTH Staff member approved room hire #2:   Date: .... Signed: ....

Payment: $ ....   ☐ Eftpos   ☐ Cash   ☐ Internet banking

Date: ....   Signed: Staff Member: ....

Fee Structure – External User of the Dame Cicely Saunders Room

Rental Period	Fee category 1 Costs for Charites, Community Groups, and organisations that have fundraised for the Hospice	Fee category 2 Cost for commercial entities e.g. NMDHB and businesses who exist for making make a profit
1-3 Hours	Free/Donations welcome	$75/hour
Half Day (weekday, up to 4 hours)	Free/Donations welcome	$300
Half Day (evening or weekend)	Free/Donations welcome	$350
Full day (up to 10 hours)	Free/Donations welcome	$500

NTH Office use only:

☐ NTH policy & guidelines discussed: Staff member: ....   Date: ……………………………….

☐ Room booking entered on ICare: Staff member: ....   Date: ……………………………….

☐ Room booking entered on spreadsheet: Staff member: ....   Date: ……………………………….

☐ Entered in SPCU diary: Staff member: ....   Date: ……………………………….

☐ Copy of hire payment to Finance Office: Staff member: ....   Date: ……………………………….

☐ Receipt emailed to hirer: Staff member: ....   Date: ……………………………….

☐ Added to Infoodle donators database: Staff member: ....   Date: ……………………………….