

**All completed forms should be returned to: -**

**Lettings**

**North Star Community Trust**

Cuckoo Hall Lane, Edmonton, London N9 8DR

[lettings@northstartrust.org.uk](mailto:lettings@northstartrust.org.uk)

020 8804 4126 (ext. 649)

The form should be completed and returned by the person who will be ultimately responsible for: -

- The payment of the charges for the use of the accommodation and other facilities; *and*
  - Providing insurance in line with the conditions laid down by the Trust.

**All lettings are subject to the Trust's **Lettings Policy****

**Before a contract is agreed, additional documents will be required and depending on the type of let these may be, but are not limited to: -**

- A DBS check certificate (e.g. if running clubs for children under 18 years old or using premises during the academy working day)
  - A valid Public Liability Insurance certificate
    - A valid first aid certificate
    - A valid licence (if appropriate)
- A copy of the hirer's statutory policies (e.g. child protection, health and safety)

Any personal information you give to us will be processed in accordance with UK GDPR and the Data Protection Act 2018. We will use the information to process your booking and to provide any relevant further information relevant to your application.

It will not be shared with any third parties

Statistics may also be anonymously used to support the Trust's marketing and market research activities for future lettings arrangements.

The Trust is also subject to the requirements of the Freedom of Information Act 2000 and as such anonymous information with regards to lettings or potential lettings may be sought and disclosed under that legislation.

## SECTION A

### Details of organisation / individual

Name

Address

Postcode

e-mail

Telephone

Mobile

### Aims of the organisation / individual

Charity (non-profit)

Business / commercial

CHARITY NO.

COMPANY NO.

Other (Please specify)

### Name(s) of the leader / organiser who will be in attendance

Name

Position

Please state the type of activity or event / name and purpose of meeting below: -

Please provided estimated breakdown of numbers attending: -

No. of Adults

No. of young people  
9 – 18 YEARS OLD

No. of children  
UNDER 9 YEARS OLD

## SECTION B

### Location preference:

[Enfield Heights Academy](#) (EN3 5BY)

[Heron Hall Academy](#) (EN3 4SA)

[Kingfisher Hall Academy](#) (EN3 7GB)

[Woodpecker Hall Academy](#) (N9 8DR)

NO PREFERENCE

**Accommodation and facilities preference (this may affect location preference):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 4G Astro turf   Full pitch | <input type="checkbox"/> 4G Astro turf   Half pitch | <input type="checkbox"/> Sports hall            |
| <input type="checkbox"/> Changing room              | <input type="checkbox"/> Playing field              | <input type="checkbox"/> Car parking facilities |
| <input type="checkbox"/> Toilet access              | <input type="checkbox"/> Playground                 | <input type="checkbox"/> Tea making facilities  |

- |  |                     |                      |                      |
|--|---------------------|----------------------|----------------------|
| <input type="checkbox"/> Classroom               | No. of rooms: _____ | No. of tables: _____ | No. of chairs: _____ |
| <input type="checkbox"/> Specialist classroom    | No. of rooms: _____ | No. of tables: _____ | No. of chairs: _____ |
| <input type="checkbox"/> Performing arts         |                     | No. of tables: _____ | No. of chairs: _____ |
| <input type="checkbox"/> School hall             |                     | No. of tables: _____ | No. of chairs: _____ |
| <input type="checkbox"/> Meeting / training room |                     | No. of tables: _____ | No. of chairs: _____ |

**Additional information:**

**Days / times required (you must include preparation / packing-up time)**

Please specify if requesting an ongoing / recurring booking and the duration

Days		Dates (From / to)	Time(s)	No. of weeks
Monday	<input type="checkbox"/>			
Tuesday	<input type="checkbox"/>			
Wednesday	<input type="checkbox"/>			
Thursday	<input type="checkbox"/>			
Friday	<input type="checkbox"/>			
Saturday	<input type="checkbox"/>			
Sunday	<input type="checkbox"/>			

**Additional Information:**

### SECTION C

Will the event be open to members of the public?  Yes  No

If yes, please specify below unless otherwise clearly stated in Section A

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### SECTION D

Will alcohol be available?  Yes  No  
SEE LICENSING SECTION OF OUR LETTINGS POLICY

If 'yes' then please state:-

(a) type of alcohol available?  Beer  Wine  Spirits

(b) how the alcohol will be paid for?  Licensee present  Guests to provide own

Will any electrical equipment be required?  Yes  No  
SEE HEALTH AND SAFETY SECTION OF OUR LETTINGS POLICY

If 'yes' then please specify: -

(a) We will be bringing our own (subject to provision of PAT certificate)  (Specify below)

(b) We will require some Trust equipment  (Specify below)

(c) Electrical equipment:

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Will any charge be made to people attending?  Yes  No

If 'Yes' please provide details of the amount and to what purpose proceeds will be devoted

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Will copyright materials be used?  Yes  No

Will gambling occur on premises  Yes  No

Date form completed

DATE:

DD

MM

YY