

Warners Bay Theatre, baramayiba Internal Hire - 2023

Form Preview

1. Hirer Details

* indicates a required field

Contact Information

Department Name *

eg Community Partnerships

Team Name *

eg Community Facilities Management

Contact Name *

Phone *

Email *

Work Order Number

Please provide a Work Order number so an Internal Journal Transfer can be processed for your hire fees. Eg W1234.301.3201

If you know your booking reference number, please add it here:

Have you/your team used this Theatre previously? *

☐ Yes

☐ No

What was the date of your last booking? *

2. About your Booking: Warners Bay Theatre

* indicates a required field

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Production Details

Booking Type *

- | | | |
|--|--|--|
| <input type="checkbox"/> Performance (Dance/Theatre/Music) | <input type="checkbox"/> Film Presentation | <input type="checkbox"/> Community Class |
| <input type="checkbox"/> Event | <input type="checkbox"/> Conference | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Workshop/Seminar | <input type="checkbox"/> Meeting/Training | |

Booking Title/Name *

For example "Executive Training" or "Book Week"

Hire Date(s) *

If consecutive days, enter date range

Hire Start time *

The time you require building access

Hire End time *

The time you will leave the building after pack up

Activity start and end time *

The time your activity will run, not including set up and pack down (eg 10am-12pm)

Multiple Bookings

Do you have additional bookings in the next 4 months? *

- ☐ Yes ☐ No

Bookings Schedule

Please provide additional dates and required access times *

Please provide the start and end time you want access to the building. This information is used to set alarm code activation times and calculate your invoice. NB Access codes will only be active for 15 minutes before and after your indicated start and end times, so please provide accurate information.

Attendees

Number of performers/staff/ volunteers per day *

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Note: Capacity of up to 60 performers backstage. NB: Reduced COVIDSafe capacities must be adhered to within current guidelines

Anticipated attendee numbers per day *

Note: maximum capacity seated in the venue is 296. NB: Reduced COVIDSafe capacities must be adhered to within current guidelines

Who is your target audience?

- | | | |
|--|--|--|
| <input type="checkbox"/> LMCC Staff | <input type="checkbox"/> Adults | <input type="checkbox"/> Families |
| <input type="checkbox"/> Children (under 12) | <input type="checkbox"/> Older persons (Over 55) | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Youth (12-24) | | |

Are tickets to this event available for purchase? *

- ☐ Yes ☐ No

How will the tickets be sold? *

3. Equipment and Technical: Warners Bay Theatre

* indicates a required field

Venue Details

Area of use *

- ☐ Foyer & Kitchen only
☐ Entire Venue
☐ Sound Studio

Please note the Meeting Room is unavailable until further notice

Hire equipment required:

- | | |
|--|--|
| <input type="checkbox"/> Data projector / screen/ HDMI cable | <input type="checkbox"/> Mobile bar/ticket desk |
| <input type="checkbox"/> Microphone(s) - hand held wireless | <input type="checkbox"/> Baby Grand Piano (Yamaha) (stage use only) |
| <input type="checkbox"/> Microphone - wired | <input type="checkbox"/> Upright Piano (floor use only) |
| <input type="checkbox"/> Microphone stand | <input type="checkbox"/> LMCC Approved Technician |
| <input type="checkbox"/> Lectern (with microphone and light) | <input type="checkbox"/> Black/grey reversible Harlequin dance floor |
| <input type="checkbox"/> Yamaha TF1 Audio Console | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Zero 88 Lighting Console | |

Note:

- there is a hire fee per item- see [Council's Fees and Charges](#)

- Audio and lighting console must be operated by an approved LMCC technician

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Other equipment available for use:

- | | |
|---|---|
| <input type="checkbox"/> Preset lighting system | <input type="checkbox"/> Round trestle tables (1500mm) (10) |
| <input type="checkbox"/> CD Player | <input type="checkbox"/> Rubber safety mats (3) |
| <input type="checkbox"/> Blu-ray/DVD player | <input type="checkbox"/> Foyer TV |
| <input type="checkbox"/> Audio playback (Aux lead) | <input type="checkbox"/> Whiteboard on stand |
| <input type="checkbox"/> Foldback Speakers (2) | <input type="checkbox"/> Ladder |
| <input type="checkbox"/> Rectangle flip tables (10) | <input type="checkbox"/> Shot bags (8) |
| <input type="checkbox"/> Orchestra chairs (35) | <input type="checkbox"/> Other: <input type="text"/> |

No fees apply

Please list the quantity of furniture items, if required:

How many microphones and for what use? *

Please specify type and use eg wireless, vocalist etc. Maximum total of 3 wireless and 1 corded microphone available for use at any one time.

Company name that will be operating lighting and/or sound consoles *

Technician Name *

Event Activities - will the event:

Install additional sound/lighting equipment/structures? *

- ☐ Yes ☐ No

Details of the the additional equipment/structures: *

Ensure this is addressed in the risk assessment

Who will be conducting the installation? *

Hang backdrops/ props from above? *

- ☐ Yes ☐ No

Where do you intend to hang backdrops/props from? *

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Ensure this is addressed in the risk assessment

Use the stage accessible lift? *

☐ Yes ☐ No
Key and induction is provided for use when requested

Use theatrical smoke/special effects? *

☐ Yes ☐ No
Additional costs apply- quote upon request

Date and times of smoke alarm isolation required *

A quote will be obtained based on this information

Sell or supply food to Performers/ Attendees? *

☐ Yes ☐ No

What sort of food will you be providing? *

A Food Handling Certificate may be requested if your application is successful. If you have one already, please attach.

Attach a file:

Not required if the organisation is a not for profit

Sell or supply alcohol to Performers/ Attendees? *

☐ Yes ☐ No

Note: All staff/volunteers serving alcohol require current RSA certification

Please upload your Liquor Licence *

Attach a file:

4. Security, Terms of Use: Warners Bay Theatre

* indicates a required field

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Security Code

You will be allocated a one off security code to access the venue. Details on this procedure will be outlined in your induction.

Please indicate if you would like the team to email or text this code to you in the week leading up to your booking.

Email address or mobile number *

Terms of Use

Please read the [Lake Mac Theatres Terms of Use](#) on Council's website to ensure you understand your obligations while using the venue.

Any additional COVID-19 safety measures or Public Health Orders in place at the time of your booking must be adhered to.

I have read the Terms of Use for Warners Bay Theatre *

☐ Yes

COVID-19 Safety Requirements

Please refer to the COVID-19 [Theatres Safety Plan](#) and [latest NSW Government rules](#).

I have read the COVID-19 Theatres Safety Plan and agree to adhere to NSW Health requirements in place at the time of my booking.

☐ Yes

Operation Manual and Induction

Please refer to the [Operation Manual](#) for detail on the operation of all equipment and services and access to the venue.

This will assist in planning for your hire, including understanding your obligations for hiring the theatre; what additional equipment you may require; what questions you may have for your technician.

Make this document accessible to your group during your hire period by saving a copy to your device, and ensure to reread prior to accessing the venue.

I have read the Operating Manual for Warners Bay Theatre *

☐ Yes

I have scheduled an induction, if required

☐ Yes

☐ No

Inductions are required a minimum of annually, or whenever there is an operational change in the venue. It is recommended you attend an induction if you have not used the venue for over 3 months

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Risk Assessment

Please refer to the [Lake Macquarie City Council Risk Assessment - Warners Bay Theatre](#).

This document outlines the identified risks associated with hiring this venue. Prior to your hire, you will need to ensure you have read and understood the requirements within this risk assessment.

If you identify further risks for your specific event, please complete an additional risk assessment to complement the document provided above

I have read and understood the Lake Macquarie City Council Risk Assessment for Warners Bay Theatre *

☐ Yes

Event Specific Risk assessment completed by applicant

Attach a file:

Only required when risks are not addressed in the Lake Mac assessment provided

Insurance

If the user is not going to be covered under LMCC, attach a copy of the organisation's Certificate of Currency for Public Liability Insurance including the following detail:

- Liability insurers' name/s
- Name of insured
- Business or profession of insured detailed on policy
- Situation at risk
- Period of insurance
- Indemnity limit - Public Liability (**minimum \$20 million**)
- **Lake Macquarie City Council listed as an interested party**

Certificate of Currency

Attach a file:

Next Steps

- Complete the final page of your application and press submit. A Council Officer will be notified of your application and begin to process against the venue booking.
- All applications will be reviewed within 10 working days.
- During the assessment review, if there are any questions relating to the application the team will be in contact.
- An internal journal transfer will be processed for your hire.
- If you require an induction and have not yet booked in to an available session, the team will contact you to arrange a time closer to your booking date.

For more information contact

Melanie Stanton, Performing Arts Officer

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(not available Tuesdays)

(02) 4921 0412, theatres@lakemac.nsw.gov.au

5. Declaration and Submit

* indicates a required field

Declaration and privacy statement

I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation/group.

I agree that I will contact Lake Macquarie City Council immediately if any information provided in this application changes or is incorrect.

Lake Macquarie City Council respects all personal and confidential information received and will do everything possible to protect information from unauthorised access, loss or misuse. Information collected from you is required for the delivery of the services in accordance with the Trustees'/Directors' powers, functions and purposes. It may also be used by the Trustees/Directors and their representatives to conduct research and customer satisfaction surveys so that we may better understand community needs and can improve service delivery. Should you need to change or access your personal details, please contact Council's Events Team at **theatres@lakemac.nsw.gov.au** or call **(02) 4921 0534**.

I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.

I am authorised to complete this application and have read and understood the declaration and privacy statement *

☐ Yes

Authorised Person's Name *

Title First Name Last Name

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Position held *

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Date of declaration *

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Feedback

You are now nearing the end of this form. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found this application process

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How many minutes in total did it take you to complete this form?

Must be a number.
Estimate in minutes (i.e. 1 hour = 60)

Please provide us with your suggestions about any improvements and/or additions to this form that you think we need to consider: