**Appendix H2**

BUCKINGHAMSHIRE COUNCIL

**APPLICATION FOR THE HIRE OF** *Insert Name* **SCHOOL POOL**

| HIRER’S CONTACT DETAILS |
| --- |
| Contact Name: |  |
| Contact Address: |  |
| Telephone – daytime: Evening/weekend: |
| Date/s requested | From | dd/mm/yy | To | dd/mm/yy |
| Time requested | From |  | To |  |
| Number of participants |  |
| Age of participants |  |
| Participants’ swimming ability |  |
| **TEACHING/LIFE GUARDING ARRANGEMENTS** |
| The hirer must have read the NOP and EAP for the pool in order to determine what life guarding arrangements are required for the session, and agree to be shown any required practical aspects prior to the start of the first session.Please sign here to confirm that these have been read and an induction time agreed:Signed:……………………………………… Print Name:…………………………………. Date:……………….**Detail below the arrangements required for lifeguarding:** |
| **Teacher/lifeguard name:** |  | Qualification |  |
| Initials of person who has seen the certificates |  | Expiry date |  |
| **Teacher/lifeguard name:** |  | Qualification |  |
| Initials of person who has seen the certificates |  | Expiry date |  |
| **Teacher/lifeguard name:** |  | Qualification |  |
| Initials of person who has seen the certificates |  | Expiry date |  |
| **EMERGENCY ARRANGEMENTS** |
| The school must detail here the arrangements required of the hirer in the event of an emergency andensure that someone is on site to effect action in relation to the building and matters beyond the controlof the hirer. |
| **INSURANCE – THIRD PARTY LIABILITY** |
| The school should put in here the level of insurance cover required to be provided and request that a copy of the insurance certificate be provided – this should be attached to the form and the form kept. |
| Insurance Company: | Policy number: |  |
| Expiry Date: |  |

Applicant Signature:……………………………………………………Date:………………………….......