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| **Worminghall Village Hall - Club Application Form - 07/2024** |
| Applicant Name |   |
| Applicant Email |   |
| Applicant Phone |  |
| Applicant Address |   |
| Name of person(s) responsible for the club |   |
|   |
| Name of club |   |
| Purpose of the club |   |
|  |
| Expected start time and end time of the club | **Start** |   | **End** |   |  |
| Activities of club |   |  |
|  |
| Will food / drinks be provided?  | **Y**  |   | **N** |   | **N/A** |   |  |
|   |  |
| Will you operate as a Childcare Club  | **Y**  |   | **N** |   | **N/A** |   |  |
| Will you be registered with Ofsted  | **Y**  |   | **N** |   | **N/A** |   |  |
| Will you operate an Activity Club  | **Y**  |   | **N** |   | **N/A** |   |  |
| Will you operate a Parental Responsibility Club | **Y**  |   | **N** |   | **N/A** |   |  |
| What Ofsted exemption registration code number will your club fall under | **No** |   | **N** |   | **N/A** |   |  |
| What are the age group(s) is your club set up for? | **Pre-school** |   | **School Age** |   | **Over 21** |   |  |
| What likely external visitors will you invite to the group, for the benefit of the parents /attendees |   |  |
|   |  |
| Will you recruit Staff / Volunteers to help run the club? | **Y**  |   | **N** |   | **N/A** |   |  |
| Will you have a First Aid Responsible Person? | **Y**  |   | **N** |   | **N/A** |   |  |
| Will you have your own insurance schemes? | **Y** |  | **N** |  | **N/A** |  |  |
| Will DBS checks be completed? | **Y**  |   | **N** |   | **N/A** |   |  |
|   |  |
| Do you have a Safeguarding Policy  | **Y**  |   | N |   | **N/A** |   |  |
| Do you have a Health and Safety Policy | **Y**  |   | N |   | **N/A** |   |  |
| Additional information you wish to provide that will assist us in understanding your club application |  |  |