School Reserve Usage Form

* indicates a required field

Contact Details

Applicant *

| Title | First Name | Last Name | |
|-------|------------|-----------|--|
| | | | |

Phone Number *

Must be an Australian phone number.

School Name *

If an approved kindergarten program, please provide your Kinder Tick License ID

School Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Email address *

Must be an email address.

Key contact during event if different to primary contact (name and mobile)

Must be an Australian phone number.

Event Details

Exact area you are seeking to use *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

School Reserve Usage Form Form Preview

| Eve | ent Date * |
|-----|--|
| Nu | mber of participants * |
| Sta | rt time * |
| Fin | ish time * |
| Тур | be of activity * |
| | ase indicate if your event involves any of the following Signage Start/Finish Lines |

- □ Inflatable structures
- □ PA Systems and/or Music
- Portable Toilets
- □ Water-based Activities

Other Infrastructure (please specify)

Provide a short description (100 words recommended) of your project - what are you out to do?

Supporting documents

Please provide any other supporting documentation, such as site maps, risk assessment, traffic plans etc. that you feel the Authority should be aware of. If you would like to contact us to provide further documents or information please send these to permits@greatoceanroadauthority.vic.gov.au

Any additional information

Attach public liability *

Attach a file:

Attach Risk assessment if water based Attach a file:

Authorisation

I am authorised to lodge this application. I understand the information requested on this form is being collected by the Great Ocean Road Coast And Parks Authority for the purpose of assessing my event and may be shared with LGA's where events are held, or other relevant agencies.

Privacy statement: The Great Ocean Road Coast and Parks Authority is committed to protecting all personal and sensitive information consistent with the principles set out in the Privacy and Data Protection Act 2014, and the Health Privacy Principles as set out in the Health Records Act, 2001. if you have any questions about the handling of your information, please email: info@GreatOceanRoadAuthority.vic.gov.au

Authorised Person (full name) *